1914.

CITY & COUNTY OF KINGSTON UPON HULL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

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Medical Officer of Health.

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Health Department,
Guildhall, Hull, 1915.

To the Chairman and Members of the Health Committee.

Gentlemen,

I have the honour to submit to you my report for the year 1914, which reviews all the local circumstances having important bearing on the public health.

One hundred and thirty-one (or 42 per cent.) of the male staff are serving with H.M. Forces.

Five Reservists were called up at the commencement of the War, 17 were members of the Territorial Force, and 109 have enlisted in the New Army.

I have the honour to remain,

Mr. Chairman and Gentlemen,

Your obedient Servant,

J. Wright Mason,
Medical Officer of Health.

HEALTH COMMITTEE.

Chairman—Alderman F. Askew, J.P.

Deputy-Chairman—Councillor C. Raine, J.P.

Councillor F. W. Booth.
Councillor W. Boyes, J.P.
Councillor H. Cooper.
Councillor H. Dean, J.P.
Councillor P. Flanagan, J.P.
Councillor J. A. Foster.
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Councillor J. W. Gould.
Councillor J. Grindell, J.P.
Councillor G. W. Lilley, J.P.
Councillor E. Ombler, J.P.
Councillor E. Sheardown.
Alderman Sir J. Sherburn, J.P.
Councillor W. Wheatley.
Councillor A. D. Willoughby.

The Lord Mayor
(Alderman J. H. Hargreaves, J.P.), *ex-officio.*

The Ex-Mayor (Alderman John Brown, J.P.), *ex-officio.*

STAFF OF THE HEALTH DEPARTMENT.

OFFICIALS.

Medical Officer of Health	1
Deputy Medical Officer of Health	1
Senior Tuberculosis Officer	1
Medical Officer of Hospitals	1
Chief Sanitary Inspector	1
Clerks	12
District Sanitary and Housing Inspectors	10
Assistant Inspectors	10
Chief Housing Inspector	1
Chief Food Inspector (Veterinary Surgeon)	1
Assistant Veterinary Surgeon	1
Assistant Food Inspectors	5
Shop Hours Inspectors	4
Women Inspectors	6
Tuberculosis Nurses	2
Smoke Nuisance and Offensive Trades Inspectors	2
Inspector of Canal Boats, Common and Seamen's Lodging Houses	1
Inspector of Houses-let-in-Lodgings	1
Assistant to Chief Housing Inspector	1

OUTDOOR STAFF.

Caretakers	3
Drainage Attendants	3
Refuse, &c., Collection:—	
Refuse Superintendent	1
Refuse Foreman	1
Refuse Sub-Foremen	4
Horse Feeders, &c.	4
Depôt Clerk	1
Carried forward	201

STAFF OF THE HEALTH DEPARTMENT.—*Continued.*

OUTDOOR STAFF.—(*Continued*).

Brought forward	201
Refuse, &c., Collection—Continued.	
Drivers	102
Fillers	98
Tipman	1
Destructors :—	
(East) Firemen	4
Tipmen	4
(West) Engineer	1
Firemen	4
Tipmen	4
Yardman	1
Cart Works :—	
Foreman Wheelwright	1
Mechanics	5
Labourers	4

HOSPITAL STAFFS.

City Hospital, Hedon Road :—	
Matron	1
Home Sister	1
Night Sister	1
Charge Nurses	5
Nurses	5
Probationers	15
Other Employés	21
Evan Fraser Hospital, Sutton :—	
Matron	1
Nurses	4
Other Employés	11
Total	373

SUMMARY OF STATISTICS.

	1914.	1913.
Area of City..	9359 acres.	9359 acres.
Height above sea (ordnance datum)	12 feet.	12 feet.
Population (estimated) ..	291,118	287,932
Density	31·1 persons per acre.	30·7 persons per acre.
No. of Houses (estimated)..	65,854	65,614
No. of persons per house ..	4·4	4·3
No. of Marriages	2,703	2,638
Marriage Rate	18·5	18·4
No. of Births	7,902	7,904
BIRTH RATE	**27·1**	**27·5**
No. of Deaths	4,366	4,230
DEATH RATE	**15·0**	**14·7**
Infantile Mortality	960 deaths under 1 year, or 121 per 1,000 births.	1,025 deaths under 1 year, or 130 per 1,000 births.
No. of Zymotic Deaths ..	499	504
Zymotic Death Rate ..	1·71	1·75
Diarrhœa Death Rate ..	0·89	1·17
Assessable Value	£1,309,992	£1,298,386
Produce of 1d. Borough Rate	£5,057 16s. 0d.	£5,327 8s. 3d.

City and County of Kingston upon Hull.

REPORT

VITAL STATISTICS.

Births.

The returns of the local registrars recorded 7,902 births within the City, equal to a rate of 27·1 per thousand of the population. The average birth rate for the previous five years (1909–13) was 28·6.

Of the total births 4,086 were males and 3,816 were females.

The number of illegitimate births was 361, or 4·5 per cent. of the total births.

The subjoined figures shew the number of births and the birth rate for the last ten years :—

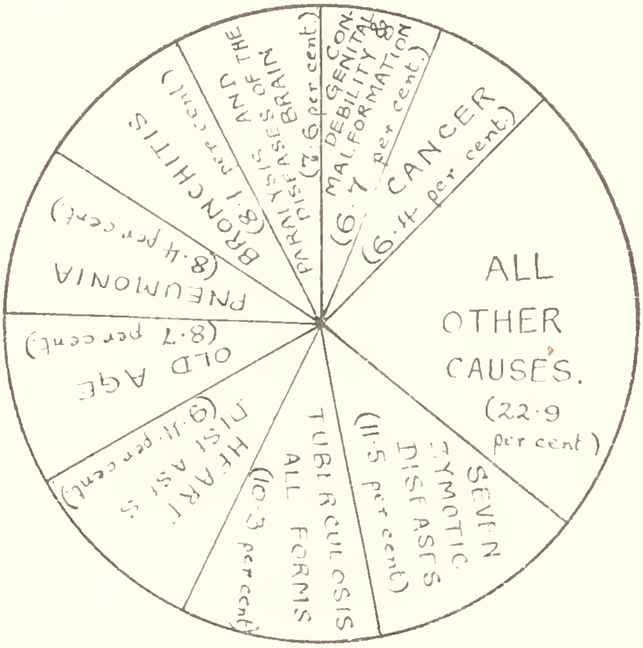
Year.	No. of Births.	Birth rate.
1905	7765	30·0
1906	7806	30·0
1907	7680	29·1
1908	8167	30·5
1909	8037	29·6
1910	8014	29·1
1911	7949	28·5
1912	7834	27·7
1913	7904	27·5
1914	7902	27·1

The excess of births over deaths, representing the natural increase of the population, was 3,536 The average for the previous ten years was 3,699.

Deaths.

The deaths during the year numbered 4,366, and corresponded to an annual rate of 15·0 per thousand. The rate for 1913 was 14·7.

The accompanying diagram shows the proportion of certain diseases and classes of disease to the total deaths:—



The Death-rate, according to the Registrar-General's returns, for ninety-seven of the largest towns in England and Wales, including London, averaged 15·1 per 1000 per annum.

Small Pox.

No deaths were attributed to Small Pox during the year.

Measles.

Ninety-four deaths were ascribed to this disease. These deaths correspond to a rate of 0·32 per thousand living, compared with 0·04 for 1913 and 0·34 in 1912.

Children under five years of age furnish over 92 per cent. of the total deaths from this disease.

Scarlatina.

Seven deaths from Scarlatina were registered in 1914. This gives the low rate of 0·024 per thousand living, as against 0·006 in 1913, and 0·003 in 1912.

Diphtheria.

There were 49 deaths from Diphtheria and Membraneous Croup, as against 34 in 1913 and 20 in 1912. The death rates from this disease for the years named were 0·16, 0·12 and 0·07 respectively per thousand living.

Whooping Cough.

The deaths assigned to Whooping Cough numbered 49, equal to a death rate of 0·16 per 1000 living, as compared with 0·26 in 1913 and 0·09 in 1912. Of the total deaths from Whooping Cough, 70, or 92 per cent., occurred among children under five years of age.

Typhoid Fever.

Forty-one deaths were ascribed to Typhoid Fever during the year, corresponding to a rate of 0·14 per 1000, as against 0·14 in 1913 and 0·11 during 1912.

Diarrhœa and Enteritis.

The number of deaths from Diarrhœa and Enteritis was 265, as against 337 in 1913 and 89 in 1912. The death rates were 0·91, 1·17 and 0·32 per 1000 respectively.

More than 88 per cent of these deaths occurred among children under two years of age.

Tuberculosis Deaths.

Three hundred and eighteen deaths from pulmonary tuberculosis were registered during the year, as against 299 in 1913 and 297 in 1912. The death-rates from this disease were 1·09, 1·04 and 1·05 per 1000 per annum respectively.

Note :—For particulars of treatment of tuberculosis patients, see page 110.

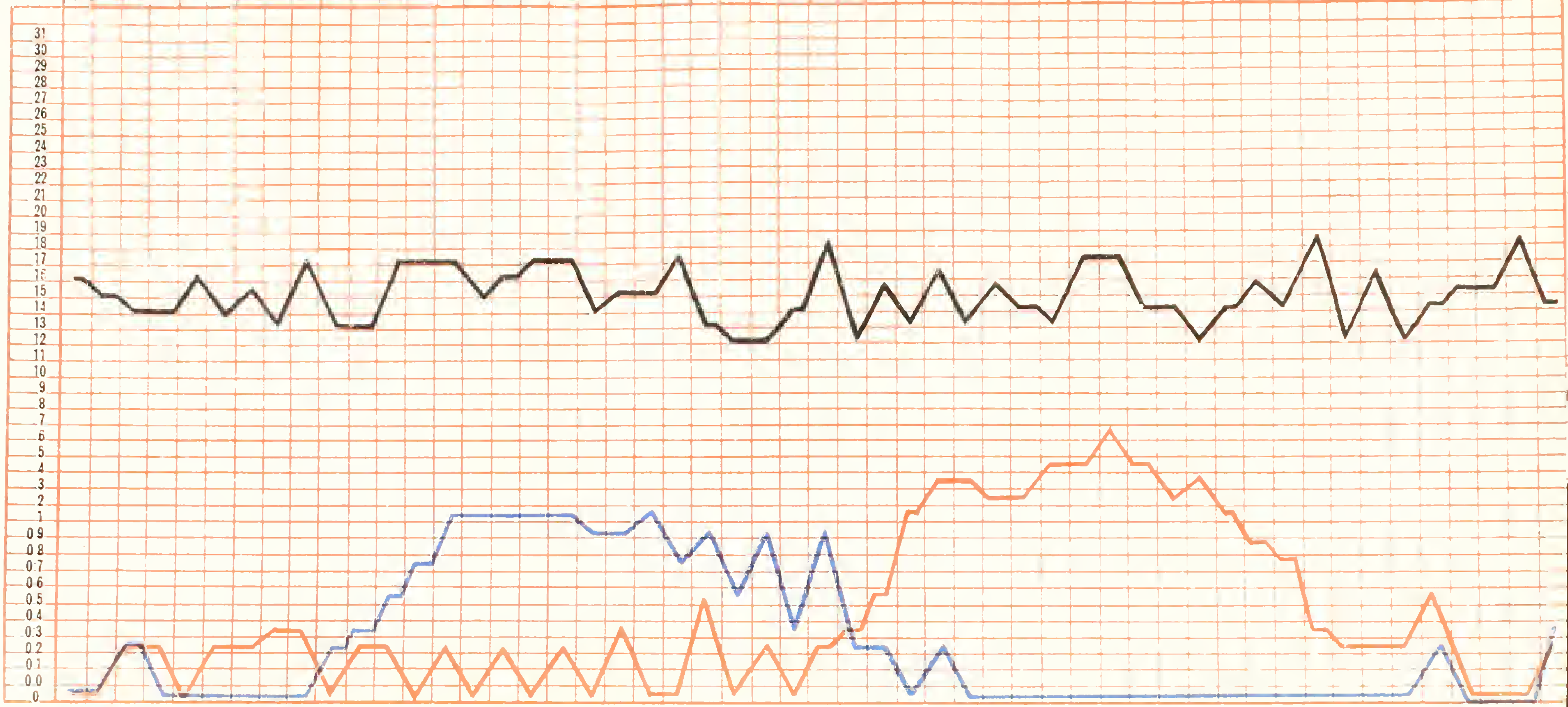
DEATH RATES : *All Causes*— ▬ *Diarrhœa*— 🟧 *Measles*— 🟦

	JAN.				FEB.					MARCH			
TEMPERATURE. MAXIMUM	44	52	43	41	53	56	55	55	55	53	54	50	52
TEMPERATURE. MEAN	38	40	36	35	40	46	46	44	44	42	41	41	41
TEMPERATURE. MINIMUM	32	29	30	30	28	37	37	33	34	32	29	33	30
RAINFALL IN INCHES.	0·02	0 67	0·96	0 17	0 03	0 09	0 17	0·39	0 10	0·54	0 30	0 54	0·11

	APRIL				MAY					JUNE			
TEMPERATURE. MAXIMUM	67	59	63	75	70	61	65	73	66	68	70	80	70
TEMPERATURE. MEAN	53	47	46	55	52	50	49	58	50	53	55	63	61
TEMPERATURE. MINIMUM	40	36	30	35	35	40	34	44	34	39	40	47	47
RAINFALL IN INCHES.	0 29	0·15	Trace	0·9		0 56	0 13	1 08	0·06	0·01	0 87	0 23	0·28

	JULY				AUG.					SEPT.			
TEMPERATURE. MAXIMUM	86	75	79	78	71	71	74	75	80	79	75	71	71
TEMPERATURE. MEAN	66	62	67	63	60	59	61	62	65	63	61	58	53
TEMPERATURE. MINIMUM	47	50	55	48	50	47	48	49	51	48	47	45	36
RAINFALL IN INCHES.	2·18	0 26	0·35	0 26	0 66	0 64	0 29	0 03	1 10	0·03	0·61	0 63	0 08

	OCT.					NOV.				DEC.			
TEMPERATURE. MAXIMUM	69	64	59	57	60	56	59	48	53	58	49	49	43
TEMPERATURE. MEAN	52	51	50	49	47	49	44	39	42	48	39	42	35
TEMPERATURE. MINIMUM	35	38	41	42	35	42	30	30	32	38	29	35	28
RAINFALL IN INCHES.			0·22	0 37	1·68	0 58	0 52	0·51	0·44	0·84	1·01	1 20	0·99



0·0 indicates that the deaths were too few to give a rate of 0·005

CAUSES OF, AND AGES AT, DEATH IN LOCALITIES, &c.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.																Total Deaths in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	Drypool.	Alexander	South-coates.	Beverley.	East Central.	West Central.	Paragon.	Park.	Newland.	White-friars.	Myton.	Botanic.	Albert.	Coltman.	South Newing-ton.	North Newing-ton.	
All Causes Certified	4357	960	252	179	208	190	601	898	1067	306	373	404	..	348	259	194	121	237	103	271	217	231	358	493	220	1009
Uncertified	11	..	..	..	..	1	1	3	6	2	1	2	..	2	4	3	1	1	..	3	..	..	..	1	..	..
Enteric Fever	41	..	..	1	3	6	18	10	3	10	3	2	1	11	2	..	1	2	1	..	1	1	3	2	1	34
Small Pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	94	23	37	27	7	..	..	..	..	6	11	9	3	12	5	4	2	2	1	6	5	5	11	11	1	7
Scarlet Fever	7	..	1	2	4	..	..	..	..	..	..	..	1	..	..	..	..	2	..	1	1	..	..	1	1	5
Whooping Cough	49	26	17	4	2	..	..	..	..	2	3	4	4	4	2	..	3	5	6	2	2	1	1	3	7	..
Diphtheria and Croup	49	1	4	18	25	..	1	..	..	1	2	6	2	1	12	2	4	6	..	1	2	1	..	6	3	36
Influenza	21	..	..	..	..	1	8	5	7	3	2	2	3	2	1	..	1	..	..	1	1	1	2	2	..	1
Erysipelas	4	1	..	..	..	..	2	..	1	1	..	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Cerebro-Spinal Fever	4	2	..	2	..	..	..	..	..	1	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Polomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	318	1	1	5	20	77	150	60	4	18	29	39	19	18	11	21	7	18	6	25	26	24	21	28	8	88
Tuberculous Meningitis	44	8	7	8	18	2	..	1	..	2	4	8	1	2	2	1	..	2	1	4	..	4	5	6	2	13
Other Tuberculous Diseases	88	17	14	12	22	6	11	5	1	5	6	7	4	6	5	2	2	8	2	3	6	3	6	16	7	22
Rheumatic Fever	7	..	..	..	2	2	2	1	..	3	..	2	..	..	1	..	..	..	..	..	..	..	..	1	..	..
Cancer, malignant disease	280	..	..	..	..	4	33	144	99	12	25	21	14	17	20	11	10	19	11	17	10	13	27	26	25	105
Bronchitis	353	61	25	9	2	4	16	91	145	20	29	37	18	52	22	19	10	14	7	19	12	11	29	42	14	29
Broncho-Pneumonia	190	77	54	28	11	2	4	6	8	15	16	13	11	10	9	1	5	6	5	13	7	12	24	34	9	32
Pneumonia (all other forms)	178	35	18	15	9	9	29	46	17	14	10	12	6	18	12	8	4	10	6	18	9	9	14	22	6	36
Other diseases of Respiratory organs	70	16	1	4	1	3	18	18	9	5	6	5	3	6	6	2	1	3	4	4	5	5	6	6	3	10
Diarrhœa and Enteritis	265	205	30	12	..	1	3	6	8	39	21	36	11	21	10	9	2	6	1	16	5	10	23	40	15	24
Appendicitis and Typhlitis	19	..	..	1	9	4	3	2	..	2	1	..	1	1	3	1	..	4	..	..	..	2	1	1	2	16
Alcoholism	4	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	..	..	1
Cirrhosis of Liver	21	..	..	..	..	..	2	17	2	1	..	1	2	..	3	2	1	3	1	1	1	2	1	2	..	2
Nephritis and Bright's Disease	102	1	1	..	1	5	25	46	23	6	12	7	1	4	8	5	5	6	2	4	9	8	9	10	6	22
Puerperal Fever	17	..	..	..	..	3	14	..	..	3	1	..	1	1	..	..	..	1	1	..	..	2	1	2	4	7
Other accidents and diseases of Pregnancy and Parturition	15	..	..	..	..	3	12	..	..	..	2	1	..	..	1	2	1	2	..	..	1	..	1	2	2	2
Congenital Debility and Malformation, including Premature Birth	293	285	5	1	..	1	1	..	..	16	38	36	10	36	18	11	5	21	3	12	9	11	13	40	14	38
Violent Deaths, excluding Suicide	150	18	3	10	19	21	29	29	21	11	17	15	7	16	8	6	1	4	8	10	9	9	9	12	8	82
Suicides	25	..	..	..	..	1	12	8	4	2	4	1	2	1	2	2	1	2	..	2	1	..	3	1	1	1
Heart Diseases	423	1	1	..	13	14	80	177	137	33	36	44	22	23	22	26	15	15	6	30	23	32	34	45	17	91
Paralysis and Diseases of Brain	332	2	..	1	7	7	56	115	144	16	22	24	25	20	10	12	14	21	7	22	28	22	31	35	23	74
Old Age	380	..	..	..	..	..	..	5	375	20	26	29	15	27	29	21	19	25	11	33	26	13	36	42	9	98
Other Defined Diseases	514	178	32	18	32	15	68	108	64	40	46	44	21	37	39	29	8	30	11	29	17	30	46	56	31	131
Diseases ill-defined or unknown	9	3	1	1	1	..	1	1	1	1	1	..	3	2	1	..	..	..	1	..	..	..	..	..	..	1
	4366	960	252	179	208	191	602	901	1073	308	374	406	211	350	263	197	122	238	103	274	217	231	358	494	220	1009

The following table gives the annual Birth-rate and Death-rate in the City, with the corresponding Zymotic Death-rate for the years 1895 to 1914:—

Year.	Births.	Deaths.	Population.	Birth-rate per 1,000.	Death-rate per 1,000.	Zymotic-rate per 1,000.
1895	7340	4445	216,722	33·8	20·4	3·2
1896	7011	4131	220,844	31·7	18·6	3·2
1897	7465	4089	225,045	33·1	18·1	2·9
1898	7696	4141	229,887	33·4	18·0	2·6
1899	7931	4412	234,270	33·8	18·8	3·3
1900	7820	4610	238,736	32·7	19·2	3·0
1901	7993	4417	241,622	33·1	18·3	3·0
1902	7789	4138	245,356	31·8	16·8	2·1
1903	7778	4143	249,090	31·2	16·6	2·2
1904	7832	4633	252,824	30·9	18·3	3·4
1905	7705	4152	256,558	30·0	16·1	2·3
1906	7806	4459	260,292	30·0	17·1	2·8
1907	7680	4276	264,026	29·1	16·2	1·8
1908	8167	4422	267,760	30·5	16·5	2·4
1909	8037	4089	271,494	29·6	15·1	1·3
1910	8014	4253	275,228	29·1	15·5	1·9
1911	7949	4658	278,984	28·5	16·6	3·2
1912	7834	4084	282,988	27·7	14·4	1·0
1913	7904	4230	287,032	27·5	14·7	1·7
1914	7902	4366	291,118	27·1	15·0	1·7

Infantile Mortality.

The Infantile Mortality, measured by the proportion of deaths under one year of age to births registered, was 121 per 1000, as against 130 in 1913 and 101 in 1912. The mean proportion in the preceding five years was 127. For the ninety-seven most populous towns in England and Wales the proportion of deaths under one year to births registered was 113 per 1000.

INFANT MORTALITY.

Nett Deaths from stated Causes at various Ages under One Year of Age.

Causes of Death.	Under 1 Week.	1–2 Weeks.	2–3 Weeks.	3–4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months.	Total Deaths under One Year.
All Causes. Certified... ...	184	56	40	36	316	189	185	136	134	960
All Causes. Uncertified ..	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	1	1	...	1	4	17	23
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	4	4	7	11	26
Diphtheria and Croup ...	...	...	...	...	...	...	...	...	1	1
Erysipelas	...	...	...	...	...	1	...	...	...	1
Tuberculous Meningitis ...	...	...	...	...	...	1	1	2	4	8
Abdominal Tuberculosis ...	...	...	...	...	...	4	4	3	2	13
Other Tuberculous Diseases	1	...	...	...	1	2	4	3	2	12
Meningitis (*not Tuberculous*)	1	...	...	...	1	...	5	2	4	12
Convulsions	6	4	3	3	16	17	11	10	1	55
Laryngitis	...	...	...	...	...	...	...	2	3	5
Bronchitis	...	...	1	3	4	17	16	12	12	61
Pneumonia (all forms) ..	...	2	2	4	8	15	31	29	29	112
Diarrhœa	...	2	...	5	7	49	57	43	33	189
Enteritis	...	...	...	...	...	2	2	1	3	8
Gastritis	...	...	1	...	1	1	4	1	1	8
Syphilis	...	...	1	1	2	7	1	...	1	11
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying ...	1	1	2	...	4	6	5	...	1	16
Injury at Birth	5	1	...	...	6	...	...	...	...	6
Atelectasis	30	3	1	...	34	4	...	...	...	38
Congenital Malformations ...	6	4	...	2	12	6	2	2	...	22
Premature Birth	86	17	6	5	114	12	2	...	...	128
Atrophy, Debility and Marasmus ...	36	15	17	9	77	26	18	10	5	136
Other Causes	12	7	6	3	28	15	17	5	4	69
Totals... ...	184	56	10	36	316	189	185	136	134	960

Nett Births in the year	legitimate		7,541
	illegitimate		361
Nett Deaths in the year of	legitimate infants ...		873
	illegitimate infants		87

VITAL STATISTICS OF WHOLE DISTRICT DURING 1914 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each Year.	Births			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.						Under 1 Year of Age.		At all Ages.	
			Number.	Rate.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Number.	Rate per 1000 Nett Births.	Number.	Rate.
1909	271,494	......	......	......	4077	14·7	67	79	916	114	4089	15·1
1910	275,228	......	......	......	4237	15·1	63	79	1085	135	4253	15·5
1911	278,984	7949	7955	28·5	4611	16·5	71	118	1252	157	4658	16·6
1912	282,988	7828	7834	27·7	4049	14·3	55	90	795	101	4084	14·4
1913	287,032	7907	7904	27·5	4266	14·8	71	107	1025	131	4230	14·7
1914	291,118	7896	7902	27·1	4357	14·9	71	80	960	121	4366	15·0

Area of district in acres (land and inland water).. } 9359.

Total population at all ages...... 277991 (at Census 1911.)

Birth Rate. Death Rate and Analysis of Mortality during the Year 1914.

	ANNUAL RATE PER 1,000 LIVING.									
	Births.	Total Deaths.		Deaths from						
		Crude.	Standardised.*	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria	Violence.
England and Wales..	23·8	14·0	13·7	0·05	0·00	0·24	0·08	0·21	0·15	0·58
97 Great Towns (including London)..	25·0	14·7	15·0	0·04	0·00	0·35	0·09	0·25	0·16	0·54
145 Smaller Towns ..	23·9	12·9	13·1	0·05	0·00	0·21	0·07	0·18	0·16	0·55
England and Wales, *less* the 242 Towns	22·2	13·4	12·4	0·05	0·00	0·12	0·06	0·17	0·14	0·65
Hull	**27·1**	**14·9**	**15·0**	**0·14**	—	**0·32**	**0·02**	**0·16**	**0·16**	**0·51**

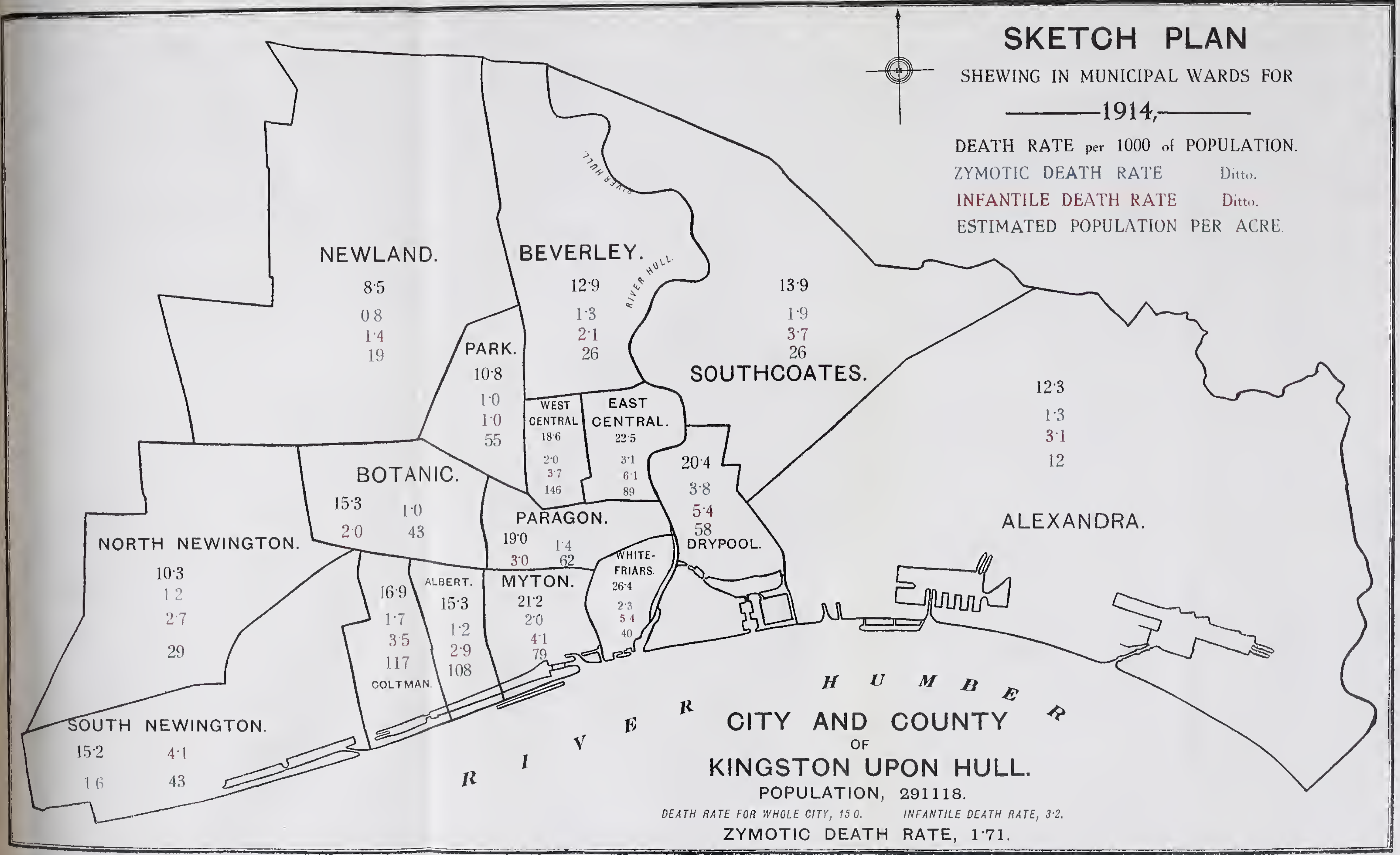
	Annual Death Rate per 1,000 Births.		Percentage of Total Deaths.			
	Diarrhœa and Enteritis (under 2 years)	Total under 1 year.	Deaths in Public Institutions.	Certified Causes.	Inquest Cases.	Uncertified Causes.
England and Wales	20·41	105	22·2	91·5	7·3	1·2
97 Great Towns (including London)	26·09	114	28·8	91·4	7·8	0·8
145 Smaller Towns	19·84	104	15·3	92·3	6·3	1·4
England and Wales, *less* the 242 Towns	12·64	93	15·3	91·4	6·9	1·7
Hull	**29·73**	**121**	**24·9**	**90·8**	**9·0**	**0·2**

TOTAL DEATHS IN AGE PERIODS IN THE RESPECTIVE WARDS, 1914

WARDS.	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.
Drypool	308	81	17	10	20	13	45	62	60
Alexandra	374	93	26	18	13	26	44	77	77
Southcoates	406	108	25	15	25	20	56	74	83
Beverley	211	35	12	7	9	10	35	49	54
East Central ..	350	95	26	23	22	11	52	54	67
West Central ..	263	53	13	20	20	10	20	61	66
Paragon	197	31	6	6	9	5	31	56	53
Park	122	12	6	6	1	4	14	29	50
Newland	238	40	9	5	16	9	47	38	74
Whitefriars	103	21	5	3	1	2	15	29	27
Myton	274	53	19	6	8	9	36	67	76
Botanic	217	28	12	11	4	13	31	48	70
Albert	231	44	15	6	15	12	31	50	58
Coltman	358	74	23	10	11	20	48	88	84
South Newington ..	494	133	27	28	27	18	65	79	117
North Newington ..	220	59	11	5	7	9	32	40	57
Totals ..	4366	960	252	179	208	191	602	901	1073

DEATH RATES PER 1,000 OF POPULATION IN WARDS, 1914.

WARDS.	All Causes.	Under 1 year.	Total Zymotics.	Measles.	Scarlatina.	Diphtheria.	Whooping Cough.	Typhoid Fever.	Diarrhœa and Enteritis under 2 years.
Drypool	20·4	5·4	3·8	0·39	—	0·06	0·13	0·66	2·59
Alexandra	12·3	3·1	1·3	0·36	—	0·06	0·09	0·09	0·69
Southcoates	13·9	3·7	1·9	0·30	—	0·20	0·14	0·07	1·23
Beverley	12·9	2·1	1·3	0·18	0·06	0·12	0·24	0·06	0·67
East Central ..	22·5	6·1	3·1	0·77	—	0·06	0·25	0·80	1·35
West Central ..	18·6	3·7	2·0	0·35	—	0·85	0·14	0·14	0·56
Paragon	19·0	3·0	1·4	0·38	—	0·19	—	—	0·87
Park	10·8	1·0	1·0	0·17	—	0·35	0·26	0·09	0·18
Newland	8·5	1·4	0·8	0·07	0·07	0·21	0·18	0·07	0·21
Whitefriars	26·4	5·4	2·3	0·26	—	—	1·54	0·26	0·26
Myton	21·2	4·1	2·0	0·46	0·07	0·07	0·15	—	1·24
Botanic	15·3	2·0	1·0	0·35	0·07	0·14	0·14	0·07	0·28
Albert	15·3	2·9	1·2	0·33	—	0·06	0·06	0·06	0·66
Coltman	16·9	3·5	1·7	0·52	—	—	0·05	0·14	1·03
North Newington ..	10·3	2·7	1·2	0·05	0·04	0·14	0·32	0·05	0·65
South Newington ..	15·2	4·1	1·6	0·34	0·03	0·18	0·09	0·06	1·20
Totals ..	15·0	3·2	1·6	0·32	0·02	0·16	0·16	0·14	0·88



SKETCH PLAN

SHEWING IN MUNICIPAL WARDS FOR

1914,

DEATH RATE per 1000 of POPULATION.

ZYMOTIC DEATH RATE Ditto.

INFANTILE DEATH RATE Ditto.

ESTIMATED POPULATION PER ACRE.

CITY AND COUNTY OF KINGSTON UPON HULL.

POPULATION, 291118.

DEATH RATE FOR WHOLE CITY, 15·0. INFANTILE DEATH RATE, 3·2.

ZYMOTIC DEATH RATE, 1·71.

TABLE SHEWING THE BIRTH-RATE, DEATH-RATE, &c., IN THE VARIOUS REGISTRATION DISTRICTS.

DISTRICT.	Estimated Population.	Area in acres, excluding Dock water areas.	Persons to an acre.	Birth-rate per 1000.	Death-rate from all causes per 1000.	Zymotic Death-rate per 1000.	Rate per 1000 of Deaths from all causes under 1 year.	Rate per 1000 of Deaths from all causes over 1 year and under 5 years.
Drypool	44439	2996	14·8	29·0	15·3	2·2	3·9	1·6
Southcoates	29081	1130	25·7	35·2	13·9	1·9	3·7	1·3
East Sculcoates .	32200	819	39·3	28·4	17·4	2·2	4·0	2·1
West Sculcoates.	55610	1832	30·3	23·4	12·1	1·2	1·9	1·1
Humber	25208	409	61·6	22·0	20·6	1·8	4·0	1·6
Myton	56677	717	79·0	24·3	15·0	1·3	2·6	1·5
Newington	47903	1456	32·9	29·9	13·9	1·7	3·8	1·3
City Total.....	291118	9359	31·1	27·1	15·0	1·7	3·3	1·4

TABLE SHEWING THE TOTAL NUMBER OF DEATHS AND THE DEATH RATE IN EACH DISTRICT DURING EACH QUARTER OF THE YEAR, also the Total Number of Deaths and the Death Rates in the City.

WARDS.	1ST QUARTER.		2ND QUARTER.		3RD QUARTER.		4TH QUARTER.		Total No. of Deaths.	Death Rate per 1000.
	No. of Deaths.	Death Rate per 1000 per annum	No. of Deaths.	Death Rate per 1000 per annum	No. of Deaths.	Death Rate per 1000 per annum	No. of Deaths.	Death Rate per 1000 per annum		
Drypool	72	19·1	68	18·0	103	27·3	65	17·2	308	20·4
Alexandra	95	12·5	93	12·2	98	12·9	88	11·6	374	12·3
Southcoates	113	15·4	97	13·2	95	13·0	101	13·8	406	13·9
Beverley	61	15·0	56	13·7	53	13·0	41	10·1	211	12·9
East Central	85	21·9	109	28·1	76	19·6	80	20·6	350	22·5
West Central.........	57	16·1	71	20·0	68	19·2	67	18·9	263	18·6
Newland	59	8.4	62	8·8	57	8·1	60	8·5	238	8·4
Park	25	8·8	34	12·0	30	10·6	33	11·6	122	10·8
Paragon	49	19·0	45	17·4	51	19·7	52	20·1	197	19·0
Whitefriars	33	33·8	23	23·5	23	23·6	24	24·6	103	26·4
Myton	59	18·3	72	22·3	65	20·2	78	24·2	274	21·2
Botanic	50	14·1	65	18·3	45	12·7	57	16·1	217	15·3
Albert	68	18.0	51	13·5	62	16·4	50	13·2	231	15·3
Coltman	107	20·2	85	16·0	81	15·3	85	16·0	358	16·9
North Newington ...	54	10·1	60	11·2	56	10·5	50	9·3	220	10·3
South Newington ...	141	11·2	118	14·5	118	14·5	117	14·4	494	15·2
City total......	1128	15·5	1109	15·2	1081	14·3	1048	14·4	4366	15·0

BIRTHS AND DEATHS, &c., IN 25 LARGE TOWNS.

Towns.	Population Estimated to the middle of year 1914.	Births.	Deaths.	Annual Rate per 1,000 Living.		Deaths from principal Infectious Diseases.							Deaths under 1 year to 1,000 Births.	Uncertified Deaths per cent. of Total.
				Births.	Deaths.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Diarrhoea & Enteritis (under 2 yrs.)		
Birkenhead	137,710	3,777	2,061	27·1	15·0	4		66	6	18	15	123	120	0·3
Birmingham ..	868 430	23,268	12,889	26·8	14·8	13	—	311	137	304	256	639	122	3·4
Blackburn	134,387	2,803	1,957	20·9	14·6	7		21	11	11	7	19	115	1·6
Bolton	185,247	4,071	2,673	22·0	14·4	12		62	3	51	43	174	119	0·2
Bradford	291,482	5,704	4,524	19·6	15·5	20	—	115	6	93	34	83	123	0·2
Brighton	133,936	2 346	1,771	17·5	13·2	1	—	15	8	10	12	32	83	0·1
Bristol	363,312	7,777	4,820	21·4	13·3	8		93	21	68	36	124	100	
Cardiff	188,495	4,795	2,604	25·4	13·8	7	—	61	19	74	41	95	110	—
Croydon	181,956	4,601	1 971	22·0	10·8	6	—	11	5	23	17	65	80	—
Derby	126,389	3,011	1 609	23·8	12·7	1	—	19	4	23	12	44	92	—
Hull	**291,118**	**7,902**	**4 366**	**27·1**	**15·0**	**41**	—	**94**	**7**	**49**	**49**	**205**	**121**	**0·5**
Leeds..	459 260	10,749	6,784	23·4	14·8	20	—	214	29	138	54	286	124	—
Leicester	232,664	5,075	3 211	21·8	13·8	5	—	102	5	74	15	109	120	0·7
Liverpool	767,992	23 141	14,848	30·1	19·3	43	—	521	121	249	109	940	139	2·4
London	4 516,612	110,982	64,994	24·6	14·4	147	—	1385	316	918	706	3031	103	0·1
Manchester	738,538	18,917	12,222	25·6	16·6	38	—	298	157	281	101	508	127	0·2
Newcastle	273 415	7,564	4,623	27·7	16·9	17		215	44	75	25	238	136	0·4
Norwich	124,107	2,509	1,690	20·2	13·6	5	—	14	9	9	29	62	111	0·2
Nottingham	266,918	6,192	4,042	23·2	15·1	5	—	145	12	62	35	180	145	0·5
Oldham	151,044	3,479	2,663	23·0	17·6	5	—	171	48	57	41	79	138	—
Portsmouth	245,827	5,714	3,051	23·2	12·4	30	—	39	5	49	78	71	85	0·9
Salford	234,975	6,236	3,864	26·5	16·4	19	—	111	78	77	38	165	125	0·1
Sheffield	476,971	12,962	7,717	27·2	16·2	25	—	370	86	229	66	409	132	0·6
Sunderland	152,927	4,941	2,575	32·3	16·8	7	—	18	24	61	26	197	134	1·7
West Ham	296,570	8,936	4,367	30·1	14·7	13	—	130	13	113	49	235	106	0·1

Marriages.

The number of marriages registered in the City was 2,703, as against 2,638 in 1913 and 2,537 in 1912. The marriages were distributed over the four quarters of the year as follows :—First quarter, 501 ; second quarter, 688 ; third quarter, 756 ; fourth quarter, 758.

The marriage-rate, *i.e.*, persons married per 1000 inhabitants, was 18·5, as against 18·4 in 1913 and 17·9 in 1912. The rate for England and Wales was 15·9 per 1000, as compared with 15·5 in 1913 and 15·5 in 1912.

The following table shews the number of marriages that have taken place in Hull during the undermentioned years.

Year.	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
No. of Marriages	2111	2285	2400	2388	2261	2374	2454	2537	2638	2703

Bacteriology.

The following statement shews the results of the Bacteriological examination of specimens submitted to the City Bacteriologist.

DISEASE SUSPECTED.	NUMBER OF CASES.	RESULT.		
		Positive.	Doubtful.	Negative.
Diphtheria ...	1028	331	22	675
Tubercle	1097	372	—	725
Enteric Fever	296	136	9	151
Ringworm ...	91	56	3	32
Plague (Rats)	128	—	—	128
Miscellaneous	19	12	2	5
TOTALS...	2659	907	36	1716

Returns made by the Vaccination Officers of the Hull and Sculcoates Unions respecting the VACCINATION of CHILDREN whose births were Registered during the year 1913.

Districts.	Births.	Successfully Vaccinated.	Insusceptible.	Dead Unvaccinated.	Postponement by Certificate.	Not accounted for.	Conscientious Objection Certificates.
Drypool	1237	732	1	132	5	85	282
Southcoates	990	569	5	103	7	88	218
East Sculcoates...	907	514	1	109	6	76	201
West Sculcoates	1238	569	4	101	8	99	457
Humber	578	314	3	83	2	72	104
Myton	1620	865	2	156	7	175	415
Newington	1456	619	6	139	15	229	448
Totals ...	8026	4182	22	823	50	824	2125

Table Shewing the number of DEATHS from TYPHOID FEVER, and the District in which the patients resided.

WARDS.	0 to 5.		5 to 15.		15 to 25.		25 to 45.		45 to 65.		65 & up.		M.	F.	TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Drypool	...	...	...	1	1	...	1	2	2	2	...	...	4	5	9
Alexandra	...	...	...	...	...	...	1	...	...	...	1	...	2	...	2
Southcoates	...	...	...	1	...	...	1	1	...	...	...	...	1	2	3
Beverley	...	...	...	...	...	...	1	...	1	...	...	...	2	...	2
E. Central	1	...	...	1	...	...	5	...	1	...	...	...	7	1	8
W. Central	...	...	...	...	2	...	...	1	...	...	1	1	3	2	5
Newland	...	...	...	...	...	...	2	...	...	...	...	...	2	...	2
Park	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
Paragon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whitefriars	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Myton	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Botanic	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Albert	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
Coltman	...	...	...	...	...	...	1	1	1	...	...	...	2	1	3
N. Newington	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
S. Newington	...	...	...	...	1	1	...	...	...	...	1	...	2	1	3
TOTALS	1	...	...	3	5	1	13	5	7	2	3	1	29	12	41

The following table shows the death rates per 1000 from the seven principal Zymotic diseases in Hull for the years 1895 to 1914:—

Year.	Seven Zymotic Diseases.	Small Pox.	Measles.	Scarlatina.	Diphtheria.	Whooping Cough.	Fevers.	Diarrhœa
1895	3·21	—	0·07	0·17	0·11	0·20	0·22	2·41
1896	3·20	—	1·15	0·24	0·17	0·47	0·27	0·86
1897	2·96	—	0·09	0·27	0·08	0·25	0·23	2·00
1898	2·63	—	0·34	0·11	0·04	0·29	0·24	1·58
1899	3·38	0·61	0·47	0·17	0·09	0·56	0·18	1·26
1900	3·02	0·07	0·54	0·17	0·06	0·28	0·20	1·69
1901	3·02	—	0·48	0·06	0·15	0·38	0·22	1·70
1902	2·19	—	0·76	0·07	0·34	0·42	0·18	0·41
1903	2·22	0·02	0·47	0·03	0·30	0·09	0·07	1·24
1904	3·46	0·01	0·70	0·05	0·24	0·24	0·14	2·07
1905	2·35	0·01	0·08	0·10	0·28	0·47	0·08	1·31
1906	2·80	0·04	0·23	0·03	0·51	0·26	0·18	1·54
1907	1·89	0·00	0·66	0.05	0·24	0·37	0·06	0·49
1908	2·40	—	0·34	0.01	0·17	0·20	0·08	1·59
1909	1·38	0·00	0·28	0·04	0·22	0·18	0·04	0·60
1910	1·93	0·00	0·26	0·05	0·16	0·24	0·11	1·10
1911	3·20	—	0·34	0·04	0·07	0·33	0·24	2·20
1912	1·08	—	0·52	0·00	0·07	0·09	0·11	0·32
1913	1·75	—	0·04	0·00	0·12	0·26	0·14	1·17
1914	1·71	—	0·32	0·02	0·16	0·16	0·14	0·91

Note.—In this Table 0·00 indicates that the deaths were too few to give a rate of 0·005 : when no deaths occurred — is inserted.

Table Shewing Total Number of Deaths from Diarrhœa and Enteritis during the Years 1895 to 1914 inclusive: also the Number of Deaths of Children occurring in the Autumnal Quarters of the same Years.

Year.	Deaths during Year.		No. of Deaths during Autumnal Quarter.		
	Total Deaths.	No. of Deaths aged 1 year and under.	Aged 1 year and under.	Bottle Fed and Mixed Diet.	Breast Fed.
1895	524	399	343	299	44
1896	191	154	133	108	25
1897	451	368	338	290	48
1898	365	325	259	235	24
1899	295	254	230	211	19
1900	404	322	277	227	50
1901	411	341	306	257	49
1902	101	81	38	35	3
1903	308	256	212	186	26
1904	523	422	390	309	81
1905	339	285	258	216	42
1906	409	309	270	240	30
1907	129	103	51	40	11
1908	427	342	276	237	39
1909	163	129	85	78	7
1910	303	238	192	165	27
1911	608	423	379	326	53
1912	89	68	35	31	4
1913	337	239	133	116	17
1914	265	205	162	139	23

Cancer.

Cancer contributed 280 deaths, as against 253 in 1913 and 301 in 1912, the rate for the respective years being 0·96, 0·9 and 1·6 per 1000 deaths.

CASES OF INFECTIOUS DISEASES NOTIFIED.

DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY.																Cases removed to Hospital.
	At all ages.	At Ages—Years.																							
		Under 1	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	Drypool.	Alexandra.	Southcoates.	Beverley	East Central.	West Central.	Newland.	Park.	Paragon.	Whitefriars.	Myton.	Botanic.	Albert.	Coltman.	N. Newington.	S. Newington.	
Compulsorily Notifiable—																									
Plague																									
Cholera																									
Small Pox																									
Scarlatina	633	9	145	414	47	18			18	77	52	37	26	10	94	19	13	1	29	40	36	46	33	102	456
Diphtheria	450	3	82	249	73	34	7	2	13	31	28	25	11	39	91	18	15	5	21	31	24	29	29	49	328
Enteric Fever ..	234		13	48	48	82	31	12	43	12	13	34	46	2	9	3	7	3	10	10	9	15	6	12	128
Typhus Fever ..																									
Puerperal Fever ..	31		—		8	23			4	3	2	1	1	2	2	—	2	2	1		1	2	4	1	—
Continued Fever ..																									
Relapsing Fever ..																									
Erysipelas	216	2	4	17	21	73	73	26	9	29	23	8	11	7	6	5	11	3	14	13	17	23	14	23	—
Anthrax																									—
Glanders																									—
Hydrophobia in Man..																									—
Acute Poliomyelitis ..	1	—	1						—	—	1														—
Cerebro-Spinal Fever	4		1	2	1				—	1	—	1	1								1	—			—
Ophthalmia Neonatorum	61	61							4	4	3	5	2	4	3	4		1	1	3	1	9	2	15	—
Voluntarily Notifiable—																									
Measles .. .... (Adopted 23rd Aug., 1904)	2252	105	964	1152	22	8	1	—	107	194	177	138	170	108	179	92	54	20	121	118	178	173	145	278	—
Totals	3882	180	1210	1882	220	238	112	40	198	351	299	249	268	172	384	141	102	35	197	215	267	297	224	483	912

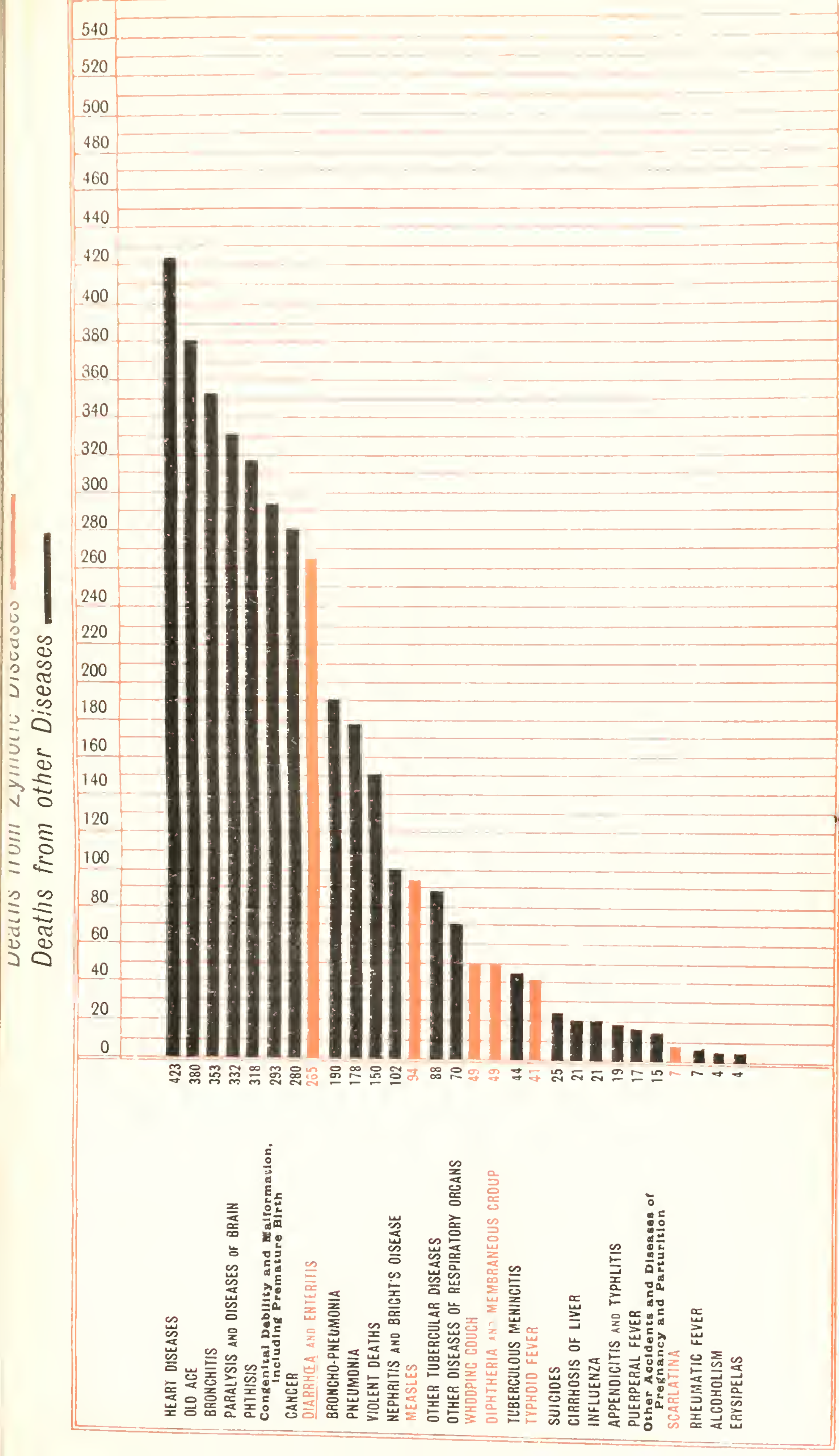
The following table shews the number of patients admitted into the City Hospital, Hedon Road, in age periods, and the diseases from which they were suffering :—

City Hospital, Hedon Road.

DISEASES.	Age and Sex of Patients. Under 1 year.		1 to 5.		5 to 15.		15 to 25.		25 to 35.		35 to 45.		45 to 55.		Above 55 years.		Total. Males.	Females.	Total Admissions.	Total Deaths.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
City Cases.																				
Scarlatina—																				
Admissions	1	2	49	47	141	156	17	23	3	5	2	1	..	..	..	..	213	234	447	..
Deaths ..	.	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	1	3	..	4
Diphtheria—																				
Admissions	..	..	32	24	91	80	23	32	1	7	1	6	1	3	..	..	149	152	301	..
Deaths ..	..	..	11	4	12	6	1	..	..	..	..	2	..	..	..	.	24	12	..	36
Typhoid Fever—																				
Admissions	..	..	6	4	19	11	16	13	13	7	7	11	4	2	1	1	66	49	115	..
Deaths ..	..	..	1	..	..	2	6	..	1	1	3	4	2	..	1	..	14	7	..	21
Tuberculosis—																				
Admissions	..	..	..	..	..	..	24	..	37	..	21	..	11	..	3	..	96	..	96	
Deaths ..	..	..	..	..	..	..	4	..	9	..	1	..	1	..	..	..	15	..	..	15
Puerperal Fever—																				
Admissions	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	1	..
Deaths ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Cases from outside Authorities.																				
Scarlatina—																				
Admissions	..	..	..	1	4	4	..	..	..	..	..	..	..	..	..	..	4	5	9	..
Deaths ..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
Diphtheria—																				
Admissions	..	..	2	1	10	2	..	2	..	..	..	..	..	..	..	..	12	5	17	..
Deaths ..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2
Port Sanitary Authority.																				
Typhoid Fever—																				
Admissions	..	..	..	..	..	..	1	..	5	..	..	..	..	..	..	..	6	..	6	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Isolation—																				
Admissions	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	2	..	2	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Military Cases.																				
Diphtheria—																				
Admissions	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	5	..	5	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
																	553	446	999	81

Evan Fraser Hospital, Sutton.

Only nine City Cases were admitted direct. 253 Scarlatina, 75 Diphtheria, and 1 Typhoid convalescent patients were transferred from the City Hospital, Hedon Road, this course being necessary owing to the fact that temporary arrangements had to be made at the latter place for the treatment of cases of tuberculosis.


Deaths from Zymotic Diseases
Deaths from other Diseases
540
520
500
480
460
440
420
400
380
360
340
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
423 HEART DISEASES
380 OLD AGE
353 BRONCHITIS
332 PARALYSIS AND DISEASES OF BRAIN
318 PHTHISIS
293 Congenital Debility and Malformation, including Premature Birth
280 CANCER
265 DIARRHŒA AND ENTERITIS
190 BRONCHO-PNEUMONIA
178 PNEUMONIA
150 VIOLENT DEATHS
102 NEPHRITIS AND BRIGHT'S DISEASE
94 MEASLES
88 OTHER TUBERCULAR DISEASES
70 OTHER DISEASES OF RESPIRATORY ORGANS
49 WHOOPING COUGH
49 DIPHTHERIA AND MEMBRANEOUS CROUP
44 TUBERCULOUS MENINGITIS
41 TYPHOID FEVER
25 SUICIDES
21 CIRRHOSIS OF LIVER
21 INFLUENZA
19 APPENDICITIS AND TYPHLITIS
17 PUERPERAL FEVER
15 Other Accidents and Diseases of Pregnancy and Parturition
7 SCARLATINA
7 RHEUMATIC FEVER
4 ALCOHOLISM
4 ERYSIPELAS

EVAN FRASER HOSPITAL.

DISEASES.	AGE AND SEX OF PATIENTS.																Total.			
	Under 1 year.		1 to 5.		5 to 15.		15 to 25.		25 to 35.		35 to 45.		45 to 55.		Above 55 years.		Males.	Females.	Total Admissions.	Deaths.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Admissions : —																				
Diphtheria																				
Admissions	..	..	..	..	1	..	..	3	..	1	..	..	..	..	..	..	1	1	5	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever																				
Admissions	..	..	..	..	..	1	1	..	..	..	1	..	1	..	..	..	3	1	4	..
Deaths	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Port Sanitary Authority :																				
Measles—																				
Admissions	..	..	..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	3	3	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Isolation —																				
Admissions	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	2	1	3	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever—																				
Admissions	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	2	..	2	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Military Cases :																				
Typhoid Fever—																				
Admissions	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Convalescent Cases Transferred from City Hospital :																				
Scarlatina																				
Admissions			24	25	94	110	..	..	..	..	..	..	..	..	..	..	118	135	253	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria —																				
Admissions			6	6	47	15	1	..	..	..	..	..	..	..	..	..	54	21	75	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever																				
Admissions	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
																	182	165	347	1

Six hundred and thirty-three cases of Scarlatina were notified to the authority, of which number, 447 (or 70·6 per cent.) were removed to hospital. Four deaths from Scarlatina occurred in the hospital.

Four hundred and fifty persons were notified as suffering from Diphtheria. Of this number, 306 (or 60·5 per cent.) were removed to hospital, 36 proving fatal, equal to a case mortality of 8·0 per cent.

Two hundred and thirty-four cases of Typhoid Fever were notified, of which number, 119 (or 50·8 per cent.) were removed to hospital, 22 proving fatal. This gives a case mortality of 18·5 per cent.

Of the 96 cases of Tuberculosis admitted to the hospital, 15 (or 15·6 per cent.) died in hospital.

NOTE.—These percentages do not include Port cases or cases admitted from outlying districts.

Inquests.

The number of deaths which have formed the subject of a Coroner's inquiry was 403, as against 398 in 1912 and 417 in 1911. The Coroner also investigated the circumstances attending the deaths of 25 persons (11 males and 14 females) in which he did not consider it necessary to hold inquests.

The following table shews the number of Inquests and the months in which they were held :—

1914.	Males.	Females	Total.
January ..	26	21	47
February ..	15	5	20
March	21	15	36
April	22	10	32
May	22	10	32
June	26	11	37
July	25	11	36
August	14	6	20
September ..	17	7	24
October ..	29	13	42
November ..	19	7	26
December ..	37	14	51
	273	130	403

The following TABLE gives the NUMBER OF ADMISSIONS INTO THE HOSPITALS including Port Cases and those from outlying districts from 1895 to 1914.

DISEASES.	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
Plague	..	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox........	4	4	7	1	800	101	3	10	98	86	47	29	18	...	9	7	1	...	6	...
Measles...........	...	2	7	5	5	1	5	5	...	6	3	12	18	18	6	13	8	13	3	3
Scarlatina.........	194	100	181	221	285	336	295	382	219	275	331	261	332	211	376	375	284	212	223	456
Diphtheria	12	2	...	...	2	10	57	202	183	164	224	358	216	192	203	124	195	172	217	328
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	9	...	...	...
Typhoid Fever...	98	97	67	86	80	60	94	85	40	121	62	137	49	86	56	63	182	66	78	128
Chol. Diarrhœa ..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Beri Beri	...	...	...	...	...	...	..	...	2	...	...	1	3	...	6	11	...	1	...	...
Cerebro Spinal Fever...........	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
Chicken Pox......	...	...	...	...	...	...	...	...	...	...	...	8	8	...	3	3	...	...	...	...
Isolation	1	2	...	4	7	7	26	64	74	104	122	105	86	35	34	77	31	38	12	5
Malaria...........	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Tuberculous......	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28	117	96
Totals	610	507	562	321	1179	518	488	748	616	756	789	911	732	575	694	676	711	530	686	1016

TUBERCULOSIS.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

SUMMARY OF NOTIFICATIONS.

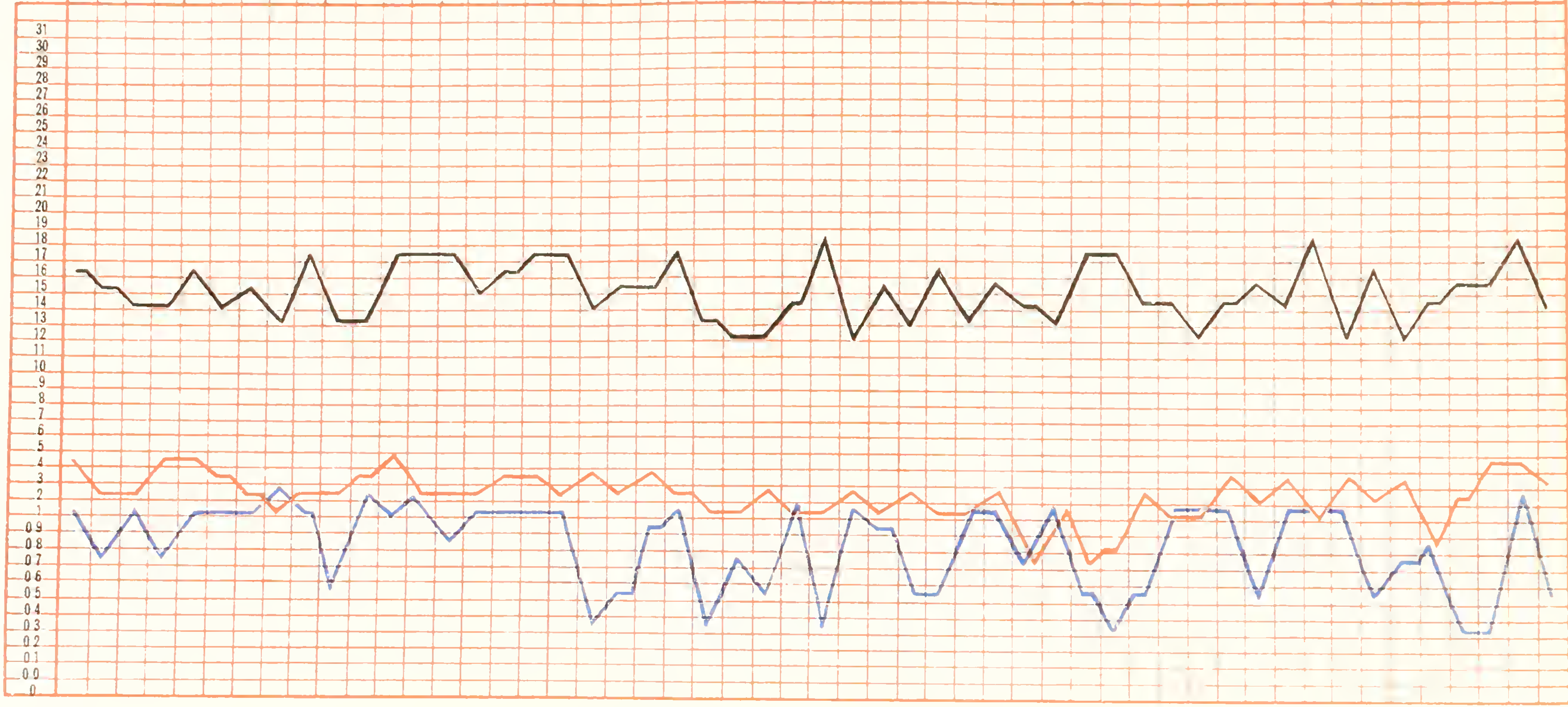
	Number of Notifications from Private Medical Practitioners.													Number of Notifications from School Medical Officers.					Number of Notifications from Medical Officers of Poor Law Institutions and Sanatoria.	
	Primary Notifications.												Total Notifications (*i.e.*, including cases previously notified by other doctors).	Primary Notifications.				Total Notifications (*i.e.*, including cases previously notified by other doctors).	Poor Law Institutions.	Sanatoria.
	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total.		Under 5.	5 to 10.	10 to 15.	Total.			
Pulmonary—Males	—	6	26	22	19	23	74	45	34	24	6	279	324	—	—	1	1	1	126	36
Do. Females	—	13	27	28	28	38	63	33	13	5	1	249	280	—	4	6	10	13	10	19
Non-Pulmonary—Males ..	6	28	35	29	7	5	10	5	1	1	2	129	152	—	—	—	—	—	—	—
Do. Females ..	1	15	24	29	11	9	11	9	4	3	—	116	132	—	—	6	6	9	—	—
Total	7	62	112	108	65	75	158	92	52	33	9	773	888	—	4	13	17	23	136	55

DEATH RATES : *All Causes*— ▬ *Respiratory Organs*— 🟧 *Consumption*— 🟦

TEMPERATURE.	JAN.				FEB.					MARCH				APRIL			
MAXIMUM	44	52	43	41	53	56	55	55	55	53	54	50	52	67	59	63	75
MEAN	38	40	36	35	40	46	45	44	44	42	41	41	41	53	47	46	55
MINIMUM	32	29	30	30	28	37	37	33	34	32	29	33	30	40	36	30	35
RAINFALL IN INCHES	0·02	0·67	0·96	0·17	0·03	0·09	0·17	0·39	0·10	0·54	0·30	0·54	0·11	0·29	0·15	Trace	0·9

TEMPERATURE.	MAY					JUNE				JULY				AUG.				
MAXIMUM	70	61	65	73	66	68	70	80	70	86	75	79	78	71	71	74	75	80
MEAN	52	50	49	58	50	53	55	63	61	66	62	67	63	60	59	61	62	65
MINIMUM	35	40	34	44	34	39	40	47	47	47	50	55	48	50	47	48	49	51
RAINFALL IN INCHES		0·56	0·13	1·08	0·06	0·01	0·87	0·23	0·28	2·18	0·26	0·35	0·26	0·66	0·64	0·29	0·03	1·10

TEMPERATURE.	SEPT.				OCT.					NOV				DEC			
MAXIMUM	79	75	71	71	69	64	59	57	60	56	59	48	53	58	49	49	43
MEAN	63	61	58	53	52	51	50	49	47	49	44	39	42	48	39	42	35
MINIMUM	48	47	45	36	35	38	41	42	35	42	30	30	32	38	29	35	28
RAINFALL IN INCHES	0·03	0·61	0·63	0·08			0·22	0·37	1·63	0·58	0·52	0·51	0·44	0·84	1·01	1·20	0·99



0·0 indicates that the deaths were too few to give a rate of 0·005

Radium.

Four hundred and seventy-seven applications have been made for the loan of radium applicators for the treatment of 97 patients.

Each applicator is loaned to Medical Practitioners, in order of application, for a period of forty-eight hours.

The diseases treated were as follows :— Cancer, Rodent Ulcer, Lupus, Paget's Disease and Eczema.

Mortuary.

The present Mortuary, situate in the old burial ground, Castle Street, has on various occasions been found to be inadequate for the number of bodies received, and does not admit of extensions.

It would be well if the Health Committee would take into consideration the advisability of (1) providing a new mortuary and post-mortem room with a Coroner's court attached thereto, or (2) erecting a new mortuary and post-mortem room in close contiguity to the Guildhall, where suitable rooms might be set apart for the use of the Coroner when holding inquests.

At present, when it is found necessary to hold an inquest in respect of a death occurring in the Stoneferry and Marfleet districts, the body cannot be removed to the City Mortuary, as this part of the City comes under the jurisdiction of the Coroner for Holderness Liberty or Wapentake, and the inquest must be held within the area of his jurisdiction. As no suitable provision is made in this district, bodies have usually to be placed in an outbuilding and inquests held on licensed premises. This is most unsatisfactory, and I would respectfully suggest that in any future extension of the City a clause should be inserted in the Bill promoted in Parliament providing for the holding of all inquests in the City under one jurisdiction.

Food Inspection.

The Food Inspection in the City is carried out by Mr. James McPhail, M.R.C.V.S., &c., Chief Foods Inspector, with six assistants, whose duties include the inspection of Cattle and Fish Markets, Meat, Fish, Fruit, Cowsheds and Dairies, and Cows therein, and of all Retail Shops where food is sold. Part of the Inspectors' time is also employed, by arrangement with the Corporation (under the auspices of the Hull and Goole Port Sanitary Authority), in the carrying out of the Unsound Food and Foreign Meat Regulations.

SUMMARY OF SEIZURES.

	lbs.
Beef	42085
Mutton	3527
Pork	14303
Veal	3136
Offal	35591
Fruit	171700
Fish, Game, &c.	438783
Total	709125 lbs.

equalling 316 tons 11 cwt. 1 qr. 25 lbs.

The following are particulars of the Agreements for destruction of condemned foodstuffs entered into by the Owners and the Food Inspection Section of the Health Department, viz.:—

Meat, 111; Fruit, 451; Fish, Game, &c., 402. Total, 964.

The following statement shows the number of carcases, &c., seized:—

	Beasts.	Sheep.	Pigs.	Calves.	Total.
No. of Carcases..	67	44½	129¼	54½	295¼

Tuberculosis.—The inspection of carcases affected with this disease has been carried out upon the basis of the recommendation of the Royal Commission on Tuberculosis.

Number of seizures of animals affected with Tuberculosis :—

Cows	31¼
Heifers	13
Bullocks	11¼
Pigs	104¼
Calf	1
Total	160¾

Bacteriology.

In addition to ordinary routine examinations, 101 special examinations were made, with :—

Negative Results	99
Positive Results—	
e.g. Tubercle (cow's sputum)	1
Malignant Oedema (blood and tissues) ..	1
Total	101

1,597 notifications for inspection of meat, offal, &c., were received from the various butchers.

SUMMARY OF PREMISES INSPECTED.

Slaughterhouses, Butchers' and Provision Shops and Meat Factories	6245	Inspections.
Cowsheds and Dairies	648	,,
Fish Shops and Stalls	524	,,
Fruit Shops and Warehouses ..	2549	,,
Fruit Markets	328	,,
Game Markets	251	,,
Markets (various)	1097	,,
Victoria Pier	817	,,
Steamers (fruit)	290	,,
Total	12749	,,

CAUSES OF SEIZURE OF CARCASES.

No. of Beasts.	Description.	Causes of Seizure.	No. of Sheep & Lambs.	Causes of Seizure.	No. of Pigs.	Causes of Seizure.	No. of Calves.	Causes of Seizure.
31¼	Cows	Tuberculosis.	17	Decomposition	104¼	Tuberculosis*	1	Tuberculosis
13	Heifers.	do.	6	Purturient	7	Liver Disease and Dropsy.	32	Immature
11¼	Bullocks	do.	5	Liver Disease and Dropsy.	5	Icterus	12	Enteritis
2	do.	Decomposition	4	Asphyxia	5	Asphyxia	4½	Decomposition
1½	Cows	Traumatism	3	Unmarketable	2	Swine Fever	1	Septic Peritonitis
1	Cow	Icterus	3	Rheumatoid Arthritis and Emaciation	2	Decomposition	1	Joint Ill
1	do.	Gangrene	3	Traumatism	1	Septicæmia	1	Malformation
1	do.	Pyrexia	1	Icterus	1	Pleurisy and Peritonitis	1	Traumatism
1	do.	Septic Peritonitis.	1	Septic Metritis	1	Pneumonia and Decomposition	½	Pleurisy
1	Heifer	Septic Pericarditis.	1	Malignant Oedema.	1	Emaciation	½	Unmarketable
1	Bullock	Tetanus	½	Pleurisy				
1	do.	Malnutrition						
½	do.	Bonetaint						
½	Cow	Unmarketable						
67			44½		129¼		54½	

* ¼ pig seized in butcher's shop.

TUBERCULOSIS ORDER, 1914

(Diseases of Animals).

PARTICULARS RELATING TO ANIMALS SLAUGHTERED UNDER THIS ORDER, SHOWING ALSO THE RESULT OF POST-MORTEM EXAMINATIONS.

Date of Slaughter, 1914.	Situation of Cowshed, and Description of Animal.	Result of post-mortem Examinations.
Jan. 1	Inglemire Farm, Roan Cow.	Animal suffering from advanced tuberculosis, within the meaning of the Order.
July 3	22, Alexandra Road, Red Roan Cow.	do. do.
July 14	22, Alexandra Road, Red Cow.	do. do.
July 14	22, Alexandra Road, White Cow.	do. do.
July 14	22, Alexandra Road, Dark Roan Cow.	Animal suffering from tuberculosis, not advanced.
July 14	22, Alexandra Road, Light Roan Cow.	Animal suffering from advanced tuberculosis, within the meaning of the Order.
July 16	83, Somerset Street, Red and White Cow.	Animal suffering from tuberculosis, not advanced; udder affected.
July 20	111, Grafton Street, Red Cow.	do. do.
July 22	131, Somerset Street, Red Cow.	Animal suffering from advanced tuberculosis, within the meaning of the Order.

TUBERCULOSIS ORDER, 1914.—Continued.

Date of Slaughter, 1914.	Situation of Cowshed, and Description of Animal.	Result of post mortem
July 23	14, Raywell Street, Red Cow.	Animal suffering from tuberculosis, not advanced, udder affected.
Aug. 1	22, Alexandra Road, Red Roan Cow.	Animal suffering from advanced tuberculosis; udder badly affected.
Aug. 1	22, Alexandra Road, White Roan Cow.	do. do.
Aug. 1	22, Alexandra Road, Red Cow.	do. do.
Aug. 1	22, Alexandra Road, Red and White Cow.	Animal suffering from tuberculosis, not advanced.

Tuberculosis Order suspended on outbreak of war.

Cowsheds and Dairies.

Number of Cowsheds in the City	.. ..	81
Do. do.	in occupation in the City	74
Do. Cowkeepers ..	.. .. ..	76

Twenty-three letters were sent *re* repairs, structural alterations, abatement of nuisances and contraventions of the Cowsheds and Dairies Order, and 90 verbal cautions *re* dirty premises, overcrowding, &c., were given.

WORK CARRIED OUT AT COWSHEDS AND DAIRIES BY MUTUAL ARRANGEMENT.

2 Cowsheds disconnected from horse stables.

2 Hay loft floors removed.

86 ft. sanitary feeding troughs (glazed) provided.
1268 sq. ft. of new pavement and flooring.
2 New cesspools provided with chain-sludge pumps.
12 ft. eaves spouting provided.
26 ft. fall pipes provided to cowsheds.
120 sq. ft. pavement to yard area.
12 Fresh air inlet ventilators (Sherringham valve windows) provided.
26 New skeli-boards provided.
19 Cowshed doors repaired.
12 Louvre ventilators inserted in roofs of cowsheds.
10 Ridge do. do. do. do.
62 Glass tiles do. do. do. do.
3 Dairies repaired.
1 New dairy provided.
10 Manure pits repaired and lined with cement.
2 Doorways bricked up.

SAMPLES OF PUMP WATER TAKEN AT COWSHEDS.

One sample of pump water from a cowshed was submitted to the City Analyst for analysis, and as a result of the following report upon it, the supply was disconnected :—

> "These results are unsatisfactory. They show the water to have suffered extensive and recent contamination by animal impurities, such as cesspool drainage.
>
> It is possible that cattle may drink such a water for a considerable time without serious effects ; but even for cattle it is a dangerous water, largely, if not entirely, of surface origin, and its use, if possible, should be absolutely avoided."

TABLE SHEWING THE RESULTS OF LEGAL PROCEEDINGS, 1914.

Offence	Reported to Committee.	Referred to Town Clerk.	Result
Exposing for sale for human food a turkey unfit for the purpose.	1	1	Judgment respited on payment of 16/- costs.
Aiding and abetting in the commission of the above offence.	1	1	Fined £1 10s. including costs, or 14 days.
Do. do.	1	1	Fined £2 including costs, or 14 days.
Exposing for sale for human food herrings unfit for such purpose.	1	1	Fined 15/- including costs, or 10 days.
Aiding and abetting in the commission of the above offence	1	1	Fined £1 10s. including costs, or 10 days.
(*a*) Exposing for sale for human food pork unfit for the purpose.	1	1	Fined £3 including costs, or 21 21 days.

(*b*) Being the person on whose premises certain articles (pigs' heads, &c.), were deposited and in course of preparation for sale for human food.	1	1	Summons withdrawn. Conviction on first summons (*a*).
Aiding and abetting in the commission of the above offences (*a* and *b*).	1	1	Fined £10 including costs, or 6 weeks (*a*). Summons withdrawn. Conviction on first summons (*b*).
Exposing for sale for human food mackerel unfit for the purpose.	1	1	No proceedings. Evidence insufficient.
Offence against the Gooseberry Mildew (Fruit) Order, 1914.	1	1	Three cases. Summonses dismissed without costs.
Do. do.	1	1	
Do. do.	1	1	
Do. do.	1	1	Fined £5 15s. 6d. including costs, or one calendar month's imprisonment.
Exposing for sale gooseberries affected with American Gooseberry Mildew.	1	1	Fined £1 including costs, or 14 days.

Fruit aud Vegetable Pests.

Various Orders, concerning these, such as the American Gooseberry Mildew Order, and the Wart Disease of Potatoes Order, etc., have been carried out by the Officers of this Department: pamphlets concerning them have been distributed to persons interested, and reports of cases dealt with have been furnished to the Board of Agriculture and Fisheries.

Tuberculosis Order, 1914.

The carrying out of this Order was undertaken by the Officers of the Department, and the animals coming within the scope of the Order were dealt with, and reports furnished to the Committees concerned, up to the suspension of the Order taking place upon the outbreak of war.

Veterinary Inspection.

An extension of the Department took place during the year by the appointment of Mr. J. McPhail, M.R.C.V.S., and Mr. H. P. Lewis, M.R.C.V.S., for the purpose of Veterinary Treatment of all the Corporation's horses, the carrying out of the Diseases of Animals Acts and the giving of professional opinion and evidence on behalf of the Police in alleged cases of cruelty to animals, and the following work has been done :—

> " From July 1st to the end of the year, 948 visits were paid to the stables of the Health, Highways and Fire Brigades Departments, and 136 cases received treatment.
>
> Seven cases of alleged cruelty were visited on behalf of the Police, in three of which evidence at the Police Court was given and fines were imposed in each case.
>
> Twenty-six weekly inspections were made at the Fat Stock Market for the purposes of the Public Health and Diseases of Animals Acts."

Housing of the Working Classes Act, 1890, Housing, Town Planning &c., Act, 1909, and Housing (Inspection of District) Regulations.

A Special Sub-Committee is appointed to deal with the reports and plans of unhealthy dwelling-houses submitted to them by the Officers appointed under these Statutory Acts and Regulations.

During the year, twenty-five dwelling-houses on inspection were found in a state unfit for human habitation, and representations respecting their condition were made to the Committee, who ordered their closure.

Houses Closed.	No. of Houses
Nos. 1, 2, 3, 4, 5 and 6, Mary's Court, York Street ..	6
Nos. 1, 2, 3 and 4, Hamilton Court, Moxon Street ..	4
Nos. 9, 10, 11, 12, 13, 14, 15, 16, 17 and 18, Hood Street ..	10
Nos. 1, 2, 3, 4 and 5, Ivy Crescent, Spencer Street	5
Total	25

One Closing Order in respect of a dwelling-house was withdrawn after work to render it habitable had been carried out by the Owner. This work comprised structural and sanitary alterations in accordance with a plan submitted by the owner and approved by the Committee.

Two dwelling-houses were allowed to be converted into a warehouse in accordance with a plan submitted by the Owner to the Committee.

Twelve dwelling-houses were dismantled or converted into sheds by their Owners and seven dwelling houses rendered habitable by means of structural and sanitary alterations made to them by their Owners.

In no instance where Closing Orders of dwelling-houses had become operative was it necessary to resort to legal proceedings against the Owners to secure the removal of the tenants. They generally quitted the houses within the period stated in the Notice or shortly afterwards, although some appeared to experience difficulty in obtaining in the same vicinity suitable small dwellings at a low rental. There is also a tendency with some occupiers so displaced to inhabit rooms, &c., that are let off in the larger dwelling-houses. Bye-laws have been adopted and enforced in the City for the regulation of such dwelling-houses respecting their cleanliness and sanitary condition.

An appeal to the Local Government Board by the Owner of three dwelling-houses against Closing Orders made by the City Council was afterwards abandoned by the Owner.

The following sixty-five dwelling-houses were demolished and their sites cleared by the Owners either after Closing Orders prohibiting their use for human habitation had been made or Orders for their demolition passed by the City Council :—

HOUSES DEMOLISHED.

	No. of Houses.
Nos. 5, 6, 7 and 8, Wilfred's Terrace, Oxford Street ..	4
No. 4, Minerva Place, Cottingham Place, Charles Street ..	1
Nos. 3, 4 and 5, Webster's Court, Christopher Street ..	3
Nos. 1, 2, 3, 4, 5 and 6, Alicia Place, Alicia Street	6
Nos. 1, 2, 3, 4, 5, 6, 7 and 8, Thomas Place, York Street ..	8
Nos. 1, 2, 3, 4, 5, 6, 7 and 8, James Place, York Street ..	8
Nos. 1, 2, 3, 4, 5, 6, 7 and 8, John's Place, York Street ..	8
Nos. 83, 85, 87, 89, 91 and 93, York Street	6
One house at the rear of 65, Alicia Street	1
Nos. 2, 3, 4, 5, 6 and 7, Salthouse Court, Salthouse Lane ..	6
Nos. 1, 2, 3, 4, 5 and 6, Providence Place, Alicia Street ..	6
Nos. 1 and 2, Paradise Row, Charlotte Street	2
Nos. 5, 5A, 6 and 7, Milner's Court, North Street	4
No. 2, North Court, North Street	1
No. 28, North Street	1
Total	65

The dwelling-houses dealt with under these Acts are old and poor in structure, often situate in cramped courts and alleys without adequate light or ventilation. Their sanitary conveniences consist generally of privies or privy pails situate in the front area of courts which do not admit of privacy, or they are situate in small confined yards at the rear of the dwelling-houses and unprovided with secondary means of access. These dwelling-houses from their poor construction, defective sanitary conveniences and congested situation are difficult of being rendered habitable, and therefore many have to be demolished and their sites cleared.

With the demolition and clearance of unhealthy dwelling-houses many open areas remain unbuilt upon; especially is this seen in the old and congested parts of the City. The open areas are often used by the poor children of these neighbourhoods as playing grounds. Such open areas allow the access of light and air to the small dwelling-houses in the vicinity, which must be beneficial to the health of their inhabitants.

A steady system of the inspection of unhealthy dwelling-houses has been maintained in the City, and from the year 1898, under the compulsory clauses of Part II. of the Housing Act, 1,268 unhealthy dwelling-houses have been represented to the City Council as unfit for human habitation and dealt with as follows:—946 were demolished and their sites cleared by the Owners or, failing them, by the Corporation, such dwelling-houses being beyond sanitary alteration or amendment; 137 were allowed by the Committee to be converted into warehouses, sheds, or so dismantled as to be incapable of being used for human habitation; 159 were structurally altered or otherwise rendered habitable; and 26 remain closed, pending steps for their structural alteration or, failing that, their demolition. The total aggregate area of land formerly covered by these dwellings was about $9\frac{3}{4}$ acres.

The new dwelling-houses erected by private enterprise in the suburbs of the City are generally of the larger type, few being suitable in size or rental for the needs of the labouring class. During recent years there has also been a gradual diminution in the erection of all classes of dwelling-houses, which, if continued, may in the near future cause a shortage of suitable dwellings for the needs of the population of the City.

Under Part I. of the Housing Act, 1890, a representation was made to the City Council that an area about four acres in extent and comprising about 246 dwelling-houses and other buildings thereon was unhealthy and should be dealt with as an Unhealthy Area under the provisions of the Housing Acts. A scheme of improvement for the re-arrangement of the streets and re-construction of the dwelling-houses is in progress.

Housing (Inspection of District) Regulations.

The systematic inspection under the above Regulations of dwelling-houses within the rental as mentioned in the Housing Act has been continued by the Inspectors in their respective Districts.

The following are the particulars of the inspections of the dwelling-houses: —

Number of dwelling-houses inspected under and for the purposes of Section 17 of the Act of 1909	1434
Number of dwelling houses which, on inspection, were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	25
Number of representations made to the City Council with a view to the making of closing orders	25
Number of closing orders made*	29*

* 4 closing orders made upon dwelling-houses represented last year as unfit for human habitation.

Dwelling-houses voluntarily closed or dismantled without the making of closing orders ..	—
Number of dwelling-houses the defects in which were remedied without the making of closing orders	777
Number of dwelling-houses which, after the making of closing orders, were put into a state fit for human habitation	8
Number of demolition orders made	52
Number of dwelling-houses demolished without the making of closing orders or demolition orders	—
Number of dwelling-houses converted into sheds, warehouses, &c.	14

Records of the inspection of dwelling-houses are kept on the card index system: this method allows of easy reference to dwelling-houses in streets and districts.

Few cases of overcrowding of dwellings were discovered by the Inspectors in the course of their house-to-house inspection and steps were at once taken for their abatement.

The drains appurtenant to each of the dwelling-houses inspected under these Regulations have been tested in the usual way. Defects were frequently revealed which, upon opening up the drains, necessitated alterations and in some cases re-construction. This work of re-construction of drains has been carried out in accordance with the drainage bye-laws of the City. To some dwelling-houses w.c.'s have been provided in lieu of insufficient privy or privy pail accommodation.

The general sanitary defects in dwelling-houses have been dealt with under the provisions of the Housing Acts, Public Health Acts and the Hull Corporation Act, 1903.

The following table shows the general character of the sanitary defects remedied in dwelling-houses :—

Nature of Defects Found and Remedied.	No. of Nuisances Abated.
Defects in drainage	309
Defects in w.c.'s and privies	197
Defective yard pavements	150
Defective passage and area pavements	17
Absence of dry dust receptacles	6
Defects in roofs and eaves-spouting	167
General dilapidations, including dampness, defective walls, floors, ceilings, want of ventilation under floors, &c.	258
Dirty dwellings	Nil
Overcrowding of dwellings	2

From June, 1911, the inception of the Housing Regulations in the City, 5,558 dwelling-houses have been inspected and the particulars recorded. Of the dwelling-houses inspected 2,950 were found defective and action taken to remedy the defects under the provisions of the Housing, Public Health or Local Acts.

Midwives Act, 1902.

In accordance with Section 10 of the Midwives Act, 1902, fifty midwives (a decrease of one for the preceding year) notified their intention of practising within the district. Eighteen of this number were hospital trained midwives, the remaining thirty-two being *bona fide* midwives, viz., women who have received no training, but were granted certificates by the Central Midwives Board in recognition of their having been in *bona fide* practice at least one year prior to the passing of the Midwives Act, 1902.

One midwife was suspended from practice for six months, as she had contracted an infectious disease in the course of her duties, and the case was reported to the Central Midwives Board. No case of misconduct was reported to the Local Supervising Authority.

One notification, "death of mother," was received, death having taken place before a medical practitioner could be summoned by the midwife, the medical evidence at the inquest being "syncope and congestion of the lungs." A verdict of "natural causes" was returned, and no blame attached to the midwife.

Eighteen notifications, "death of infant," were received, death in all cases being due to natural causes. Nine notifications, "laying out a dead body," were received and referred chiefly to still-born infants. Two hundred and five notifitions of still-birth were received from midwives, and investigations made. One hundred and forty-two visits of inspection were paid to midwives. In addition to these visits many visits were paid to their patients' homes and advice given to the midwife when necessary.

In 1911 six maternity bags were given by various contributors to the Midwives Inspector for loan amongst the poorer patients, and these have since been taken over by your Health Committee. During the year the bags were lent out ninety-five times, for a period of two to three weeks, and the loan is much appreciated by the recipients.

Puerperal Fever.

Thirty-one cases of Puerperal Fever were investigated. As shewn in the annexed table, seven cases were instrumental delivery. Two cases from Scunthorpe were also admitted into the Royal Infirmary for treatment. In all cases of Puerperal Fever occurring in the practice of a midwife quarantine is imposed until the Central Midwives Board's rules have been complied with.

Ophthalmia Neonatorum.

The above regulations came into force in April, 1914, fifty-nine cases of discharge from infants' eyes being notified under this heading, but in many of the cases notified by the midwife the diagnosis was doubtful. It has been found very difficult to make the *bona fide* midwife recognise the difference between this form of notification and the "medical help" form required by the Central Midwives Board's rules, the latter being frequently sent in instead of the former. One hundred and seventy-seven visits have been paid to the infants notified as suffering from this disease, one case being a "contact" with children of school age. In most instances there was a history of debility in the health of the mother during pregnancy, and general ill-health of the mother from a specific cause was found in five cases, which resulted in total blindness of both eyes of the children affected. Three of these were illegitimate children and died under one month. In the two cases occurring in children born in wedlock there was a history of previous still-birth, the father of one child suffering from cataract of both eyes. Both of these children died under four months. The annexed table shows the date on which the discharge from the eyes occurred after the birth of the child.

YEAR 1914.	MIDWIVES ACT, 1905.															Births Registered.	NOTIFICATION OF BIRTHS ACT, 1907.														TUBERCULOSIS REGULATIONS.				MISCELLANEOUS WORK.					
MONTH ENDED.	No. of Notifications of intention to practice.	No. of Hospital Trained Midwives.	No. of Bona-fide Midwives.	No. of Midwives deceased, removed from area, or retired.	No. of Inspections paid to Midwives.	No. of Notifications of "Medical Help" received.	*Re* Mother.	*Re* Infant.	*Re* Discharge from Eyes.	No. of Notifications of "Death of Mother" received.	No. of Notifications of "Death of Infant" received.	No. of Notifications of "Still-born" Infants received.	No. of Notifications of "Laying Out" Dead Body received.	No. of Notifications of Burial of "Still-born" Infant received.	No. of Puerperal Fever Cases investigated.	Total No. of Births Registered in the City.	Total No. of Births Notified under above Act.	No. of Births Notified by Medical Practitioners.	No. of Births Notified by Certified Midwives.	"Found" by the Health Visitor in the course of her duties.	No. of Breast-fed Infants visited.	No. of Breast-fed Infants re-visited.	No. of Bottle-fed Infants visited.	No. of Bottle-fed Infants re-visited.	No. of Breast and Bottle-fed Infants.	No. of Breast and Bottle-fed Infants re-visited.	No. of Mixed Diet Fed (viz., Patent Foods, &c.) Infants visited.	No. of Mixed Diet Fed (viz., Patent Foods, &c.) Infants re-visited.	Total No. of Visits Paid to Infants.	No. of Cases visited.	No. of Cases re-visited.	No. of Cases of Contacts sent to Tuberculosis Dispensary.	Total No. of Visits paid.	No. of Whooping Cough Cases investigated.	No. of Diarrhœa Cases (including Adults) visited.	No. of Cases of Poliomyelitis investigated.	No. of Cases of Cerebro-Spinal Fever investigated.	No. of Cases of "Dirty" and "Verminous" Children investigated.	Other visits to make enquiries.
Jan. 31	39	10	29	0	17	42	27	9	6	0	3	14	0	28	4	620	605	204	392	7	448	90	65	20	25	10	19	42	719	50	25	6	75	5	0	0	1	3	333
Feb. 28	0	0	0	0	11	22	16	3	3	0	1	13	1	21	3	637	550	213	323	7	430	105	58	43	23	10	16	54	739	79	25	16	104	1	1	0	0	3	327
Mar. 31	2	0	2	0	8	19	14	5	0	0	0	13	0	18	1	680	609	238	363	9	366	79	40	26	22	13	24	33	603	80	16	14	96	15	1	0	0	0	305
April 30	3	2	1	0	11	37	21	13	3	0	1	19	1	28	2	567	562	220	343	16	320	52	47	25	14	7	13	34	512	59	10	13	69	7	2	0	1	3	277
May 31	0	0	0	0	12	32	20	8	4	0	1	14	2	27	2	640	532	195	349	10	475	102	58	34	19	19	14	40	761	67	11	15	78	8	8	0	0	3	381
June 30	1	1	0	0	13	34	25	4	5	0	1	19	0	21	4	634	634	233	402	8	331	65	47	24	20	5	11	27	530	53	14	8	67	3	2	0	1	4	936
July 31	1	1	0	0	15	28	20	5	3	0	3	12	2	12	2	768	619	262	350	9	400	43	44	17	28	2	10	11	555	46	6	15	52	1	21	0	0	3	280
Aug. 31	1	1	0	2	5	27	20	6	1	0	0	15	1	20	1	749	547	214	324	4	348	28	47	8	20	1	22	19	493	33	3	1	36	1	67	1	0	0	247
Sept. 30	0	0	0	2	17	27	23	2	2	0	1	12	1	18	1	660	493	177	326	5	449	51	52	23	23	2	30	21	651	35	8	7	43	2	93	0	0	0	344
Oct. 31	1	1	0	2	12	32	20	11	1	1	3	28	0	18	2	604	516	245	278	3	435	70	51	30	18	8	16	27	655	56	14	11	70	1	35	0	0	1	311
Nov. 30	2	1	1	1	16	34	21	10	3	0	1	16	1	26	2	617	552	236	323	3	375	116	49	22	15	15	9	30	631	33	2	0	35	2	6	0	0	0	271
Dec. 31	0	0	0	0	5	27	17	10	2	0	3	20	0	22	3	645	561	197	373	5	338	113	43	35	29	6	22	28	614	35	11	9	46	3	6	0	1	1	273
Totals	50	17	33	7	142	361	244	86	33	1	18	195	9	259	27	7825	6780	2634	4146	86	4715	914	601	307	256	98	206	366	7463	626	145	115	771	49	242	1	4	21	4285

Notification of Births Act, 1907.

The number of births notified under the above Act totalled 6,789, which (excluding 195 still-births) represents 83·3 per cent. of the births registered. 4,102 births (or 60 per cent.) were attended by certified midwives, and 2,678 (or 40 per cent.) were attended by medical practitioners. The number of visits paid to infants was 7,463, 5,778 being first visits of inspection and 1,685 being re-visits, as shown in the annexed table. Systematic re-visiting of infants is impossible with the present limited staff. The Act works very smoothly, and I have again to thank the medical profession and the midwives for their kindly assistance in apprising parents of the visit of the Woman Inspector.

Tuberculosis Regulations.

The work in connection with the investigation of cases of tuberculosis (except those receiving dispensary treatment) was transferred from the Tuberculosis Dispensaries to this department in June, 1913. 771 visits were paid. Handbills of precautions against the spread of infection were freely distributed and sputum flasks supplied.

Miscellaneous Work.

This includes the investigation of forty-nine cases of Whooping Cough, 242 cases of Diarrhœa (including adult cases), one case of Poliomyelitis, and four cases of Cerebro-Spinal Fever, twenty-nine visits to "neglected" children and 4,285 visits of enquiry. The total number of notifications dealt with during the year equalled 14,155, and the total number of visits paid was 12,556.

OPHTHALMIA NEONATORUM REGULATIONS.

(CAME INTO OPERATION APRIL. 1914.)

Month Ended.	No. Cases Opthalmia Neonatorum notified.	No. Cases Opthalmia Neonatorum notified by Medical Practitioner.	No. Cases Opthalmia Neonatorum notified by Certified Midwives.	Total No. of Investigations and Re-visits paid.	One or both eyes affected.			Number of Cases of permanent blindness one or both eyes.			Age of child when the discharge from eyes first commenced.										
					Right Eye.	Left Eye.	Both Eyes.	Right Eye.	Left Eye.	Both Eyes.	1st Day.	2nd Day.	3rd Day.	4th Day.	5th Day.	6th Day.	7th Day.	8th Day.	9th Day.	10th Day.	Over 10th Day.
1914																					
Jan. 30th ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Feb. 28th ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mar. 31st ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
April 30th ..	9	7	2	27	1	1	7	..	..	1*	..	2	2	..	1	..	..	1	1	..	2
May 31st ..	11	9	2	33	..	4	7	..	..	1*	..	1	3	1	..	2	..	..	1	1	..
June 30th ..	11	9	2	33	..	4	7	..	..	1*	..	3	2	..	1	..	2	2	..	1	..
July 31st ..	9	3	6	27	1	1	7	..	..	..	..	2	1	1	1	1	..	2	..	..	1
Aug. 31st ..	3	1	2	9	..	2	1	..	..	..	..	..	..	..	2	..	..	1	..	..	..
Sept. 30th ..	3	1	2	9	..	3	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..
Oct. 31st ..	5	5	..	15	1	..	4	..	..	1†	..	1	..	1	2	..	..	..	..	..	1
Nov. 30th ..	5	3	2	15	1	..	4	..	..	..	..	2	1	..	..	1	..	1	..	..	..
Dec. 31st ..	3	1	2	9	..	1	2	..	..	1§	..	1	..	..	..	..	..	1	..	1	..
Total	59	39	20	177	4	16	39	..	..	5	..	13	9	3	8	4	2	8	2	4	6

* Infant died under four weekss old.
† Father of infant had cataract both eyes. Infant died aged four months.
§ Mother consumptive; died at infant's birth. Infant died under one month of age.

Puerperal Fever Cases Classified.

	No.	Per Cent.
Cases attended by Medical Practitioners ..	14	45·1
,, ,, ,, Trained Midwives	2	6·4
,, ,, ,, Bonâ-fide Midwives ..	15	48·4
,, ,, ,, "Handy" Women ..	—	—
Doubtful Diagnosis	—	—
Total ..	31	—
No. of deaths	21	67·7

Nuisances notified to the Chief Sanitary Inspector.

Jan.	Feb.	Mar.	April	May	June.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
15	10	10	7	12	13	9	15	8	9	11	6	125

New Dwelling-Houses.

Plans for 504 dwelling-houses were approved by the City Corporation during the year, as compared with 738 in 1913 and 821 in 1912.

Water Supply.

The water supply to the City of Hull and District, distributed from the Corporation Waterworks, is abundant in quantity, excellent in quality, and constantly available under pressure.

Samples are taken periodically, and submitted for analysis and bacteriological examination.

Distribution of Disinfectants.

A gratuitous supply of fluid and powder disinfectant has been given where infectious disease has existed and in other suitable cases. A free use of carbolic disinfecting powder has been made in connection with the collection of refuse, etc.

Public Mortuary.

Table shewing the number of bodies admitted to, and the number of inquests and post-mortems held at, the Mortuary.

Month	Bodies Admitted.			No. of Post-Mortems.			No. of Inquests.	Deaths from Drowning.		
	Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.
January	21	14	35	21	14	35	36	1	—	1
February	13	3	16	11	3	14	15	1	—	1
March	17	12	29	12	10	22	27	2	—	2
April ...	16	12	28	17	9	26	28	1	—	1
May ...	19	8	27	9	6	15	22	1	1	2
June ...	19	8	27	14	8	22	29	6	—	6
July ...	21	10	31	13	9	22	31	7	—	7
August	11	5	16	8	3	11	16	2	1	3
September	14	7	21	10	7	17	19	3	—	3
October	25	11	36	21	11	32	38	—	—	—
November	10	7	17	6	9	15	16	1	—	1
December	27	10	37	25	11	36	38	1	—	1
Totals...	213	107	320	167	100	267	315	26	2	28

TABLE SHEWING THE NUMBER OF DEATHS FROM DROWNING DURING THE LAST TEN YEARS.

Year ..	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	Total
Deaths.	18 ..	26 ..	44 ..	38 ..	35 ..	46 ..	37 ..	40 ..	36 ..	28 ..	348

Public Baths.

Four hundred and fifty-two thousand seven hundred and ninety-one persons have availed themselves of the use of the Public Baths, particulars of which are given below.

YEAR.	BEVERLEY ROAD.	MADELEY STREET.	EAST HULL.	NEWINGTON (OPEN AIR).
1900	118719	83845	87853	9485
1911	132928	80802	93860	34519
1912	129698	102622	89562	13832
1913	136344	128949	95244	11958
1914	150950	134737	150950	16154

SALE OF FOOD AND DRUGS ACTS.

Samples taken under the above Acts and submitted to the Public Analyst for Analysis.

Description of Sample.	Samples taken.									
	No. of Samples	Officially	Informally	By Agent.	In Course of Delivery	Genuine	Adulterated	No action taken	Vendors cautioned by letter	Prosecutions.
Aerated Waters	4	..	1	4	..	4	..	..	..	..
Arrowroot	1	..	1	..	..	1	..	..	..	..
Baking Powder ..	7	1	6	1	..	7	..	..	..	..
Beer	8	..	8	8	..	8	..	..	..	..
Bloater Paste	2	1	1	1	..	2	..	..	..	..
Boric Ointment ..	1	..	1	1	..	1	..	..	..	..
Brandy	7	..	7	1	..	7	..	..	..	..
Bread	3	..	3	3	..	3	..	..	..	..
Do. and Butter ..	1	1	..	..	..	1	..	..	..	..
Butter	40	14	26	13	..	40	..	..	..	..
Camphorated Oil ..	12	1	11	6	..	11	1	1	..	..
Cayenne Pepper ..	1	..	1	1	..	1	..	..	..	..
Cheese	5	2	3	..	..	4	1	1	..	..
Chillie Paste	2	..	2	2	..	2	..	..	..	..
Chocolate Cream ..	1	..	1	1	..	1	..	..	..	..
Cider	2	..	2	..	..	2	..	..	..	..
Cinnamon, Ground ..	1	..	4	4	..	4	..	..	..	..
Cocoa	8	.	8	6	..	8	..	..	..	..
Coffee	15	1	14	10	..	14	1	1	..	..
Do. Beans	3	..	3	2	..	3	..	..	..	..
Compound Liquorice Powder	2	..	2	2	..	2	..	..	..	..
Cream	29	28	1	3	..	29	..	..	..	..
Cream of Tartar ..	3	1	2	1	..	1	2	2	..	..
Demerara Sugar ..	2	1	1	1	..	2	..	..	..	..
Flour	5	..	5	5	..	5	..	..	..	..
Do. Self raising ..	6	2	4	4	..	1	2	1	1	..
Fruit Cordials	4	1	3	..	..	3	1	1	..	..
Do. Wines	8	..	8	1	..	8	..	..	..	..
Gin	8	2	6	8	..	7	1	1	..	..
Ginger, Ground ..	2	..	2	2	..	2	..	..	..	..
Infants' Food	4	1	3	3	..	4	..	..	..	..
Jelly	5	1	4	2	..	5	..	..	..	..
Ju-Jubes	1	..	1	1	..	1	..	..	..	..
Lard	11	1	10	5	..	11	..	..	..	..
Do. Substitute ..	1	..	1	1	..	4	..	..	..	..
Lemon Squash.. ..	1	..	1	..	..	1	..	..	..	..
Malted Milk Powder ..	1	1	..	..	..	1	..	..	..	..
Do. Tablets ..	1	..	1	1	..	1	..	..	..	..
Margarine	16	3	13	6	..	16	..	..	..	..
Medicated Wines &c...	10	..	10	..	..	10	..	..	..	..
Milk	341	317	21	2	50	297	14	21	12	8
Do. Separated ..	3	3	..	..	..	2	1	..	..	1
Do. Condensed ..	4	..	1	2	..	1	..	..	..	..
Do. Skimmed ..	2	2	..	..	..	1	1	..	..	1
Do. Powder	1	2	2	2	..	2	2	2	..	..
Mixed Gums	1	..	1	1	..	1	..	..	..	..

SALE OF FOOD AND DRUGS ACTS—*Continued.*

Description of Sample.	No. of Samples.	Samples taken.				Genuine.	Adulterated.	No action taken.	Vendors cautioned by letter.	Prosecutions.
		Officially.	Informally.	By Agent.	In Course of Delivery.					
Mustard	8	..	8	6	..	8	..	..	..	..
Do. Oil	2	..	2	2	..	2	..	..	..	..
Nut Milk Chocolate ..	1	..	1	1	..	1	..	..	..	..
Oatmeal	5	..	5	5	..	5	..	..	..	..
Olive Oil	8	..	8	3	..	8	..	..	..	..
Pepper	5	3	2	2	..	5	..	..	..	..
Pickles	3	..	3	3	..	3	..	..	..	..
Potted Meat	9	..	9	7	..	9	..	..	..	..
Preserved Fruits ..	12	..	12	4	..	12	..	..	..	..
Do. Peas ..	1	..	1	1	..	1	..	..	..	..
Do. Vegetables ..	1	..	1	1	..	1	..	..	..	..
Rice, Whole	6	..	6	3	..	6	..	..	..	..
Rum	14	2	12	4	..	12	2	1	..	1
Sherry	2	..	2	..	..	2	..	..	..	..
Suet	8	..	8	4	..	8	..	..	..	..
Sugar..	7	..	7	6	..	7	..	..	..	..
Sweet Spirits of Nitre..	5	1	4	1	..	4	1	1	..	..
Tea	2	1	1	..	..	2	..	..	..	..
Vinegar..	7	..	7	3	..	7	..	..	..	..
Whisky	8	4	4	5	..	6	2	2	..	..
Zinc Ointment.. ..	1	..	1	1	..	1	..	..	..	..
Totals ..	720	398	322	185	50	658	62	38	13	11

Fines varying from 10s. 0d. to £50 imposed in 10 cases. Judgment respited on payment of costs in one case. Total fines, £72 7s. 6d.

Fertilisers and Feeding Stuffs Act, 1906.

Samples taken under the above Act and submitted to the Agricultural Analyst for analysis.

Description of Article.	No. of Samples	Samples taken		Result of Analysis.
		Formally.	Informally.	
Barley Meal ..	1	..	1	Genuine.
Bone Meal (Raw) ..	1	..	1	Satisfactory.
Bran	1	..	1	Genuine.
Cotton Cake (Egyptian)	1	..	1	Satisfactory.
"Kainit"	1	..	1	do.
Linseed Cake ..	3	..	3	do.
"Molassine" Meal	1	..	1	do.
Nitrate of Soda ..	1	..	1	do.
Sulphate of Potash	2	1	1	Deficient in potash to the extent of 6·1 and 6·7% respectively. Vendors warned in reregard to formal sample.
Superphosphate of Lime	3	1	2	Satisfactory.
Totals ..	15	2	13	

Public Health (Milk and Cream) Regulations, 1912.

REPORT AS TO SAMPLES TAKEN.

1. Milk and Cream not sold as Preserved Cream:—

	(*a*) No. of Samples examined for the presence of a preservative.	(*b*) No. in which a preservative was reported to be present.
Milk	341	31
Condensed Milk	4	—
Skimmed Milk	2	—
Separated Milk	3	—
Milk Powder	4	4
Cream	29	6
Totals	383	41

Nature of Preservative in each case in column (*b*) and action taken under the Regulations in regard to it:—

Description of Sample.	Nature of Preservative.	Action Taken.
Milk	Boron (30)	None in 21 cases; letters of explanation asked for and received in 7 cases and no further action taken; and no action taken under these Regulations in 2 cases.
Do.	Formic Aldehyde (1)	None under these Regulations.
Milk Powder	Boron (4)	None.
Cream	do. (6)	Letter of explanation asked for and received in 5 cases. Vendors cautioned in 5 cases.

2. Cream sold as Preserved Cream :—

(*a*) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(1) Correct statements made	17	
(2) Statement incorrect	1	
	—	18

(*b*) Determinations made of milk fat in cream sold as preserved cream :—

(1) Above 35 per cent.	18	
(2) Below 35 per cent.	–	
	—	18

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed.

Nil.

(*d*) Particulars of each case in which the Regulations have not been complied with, and action taken :—

Particulars of Contravention.	Action Taken.
Selling preserved cream containing an amount of boric acid in excess of statement on label (namely, 0·67 per cent., compared with "not exceeding 0·5 per cent.")	Letter of explanation asked for and received, and vendor afterwards cautioned.

3. Thickening substances. Any evidence of their addition to cream or preserved cream :—

Nil.

4. Other observations, if any :—

All samples referred to in this report were obtained under the Sale of Food and Drugs Act, but with the idea of taking action under the Public Health (Milk and Cream) Regulations in those cases where such action might be found to be necessary.

Number of Registered or Licensed Premises which require inspection.

Description of Trade or Business.	No.
Common Lodging Houses	31
Seamen's Lodging Houses	25
Houses-let-in-lodgings	394
Slaughter Houses	55
Fish Curing Houses	56
Cow Sheds (in occupation)	74
Milk Shops	518
Wholesale dealers in Margarine	51
Tripe Boilers	7
Fat and Tallow Melting Works	2
Soap Boilers	2
Bone Boiling Works	3
Gut Scraping ,,	3
Knacker Yards	2
Fish Manure Works	2
Cod Liver Boilers	6
Extraction of Cod Liver Oil (for Medicinal purposes only)	1
Ammoniacal Liquor Works	1
Tanneries	3
Total	1236

Lodging Houses.

The various lodging-houses in the city have continued to be visited night and day by the two Inspectors appointed for the purpose, and generally speaking there has been little room for complaint.

COMMON LODGING-HOUSES.—Thirty houses were re-registered on the 1st January, 1914. One additional registration was granted, making a total of thirty-one in occupation at the close of the year. The houses are all provided with single beds, and afford accommodation for some 1,618 lodgers, which more than meets the requirements of the City.

The National Union of Women Workers opened a home for women workers at 72, Lister Street. The house is admirably equipped with thirty single beds, kitchen, reading room, bath and lavatory accommodation, and a garden and open space at the rear. The building is a valuable addition to this class of house.

One thousand one hundred and seventy-nine day and one hundred and fifty-eight night visits to common lodging-houses were made during the year.

The house known as the Victoria Mansions, with 490 beds, was taken over by the Military Authorities for the billeting of troops, but doubtless owing to the number of men who enlisted the removal of the lodgers did not lead to overcrowding in any of the other houses.

SEAMEN'S LODGING-HOUSES.—Five new yearly licences were granted during the year, making a total of twenty-five on the register on the 31st December, affording accommodation for 756 lodgers. Eight old licences were cancelled. Your Inspectors paid 942 day and 49 night visits to the houses during the year.

COMMON LODGING-HOUSES ON THE REGISTER ON THE 31st DECEMBER, 1914, THEIR SITUATION, AND THE NUMBER OF ROOMS AND LODGERS.

STREETS.	No. of Houses.	No. of Rooms.	No. of Lodgers Allowed.
Blanket Row	5	37	267
Church Lane	1	3	130
Church Street	1	7	69
Cross Street	1	9	48
Dagger Lane	1	7	35
Dock Street	2	16	100
Empringham Street	1	8	61
Great Union Street	1	7	66
Lister Street	2	11	55
Little Humber Street	1	12	69
Mill Street	1	6	17
Osborne Street	1	7	41
Robinson Row	1	5	17
Salthouse Lane	2	18	125
Saint James Street	2	19	111
South Street	1	7	62
Trippett Street	1	77 (Cubicles)	77
Waltham Street	1	5	37
Waterhouse Lane	1	14	103
Waverley Street	1	4 with 20 (Cubicles)	43
West Street	3	15	85
Totals	31	294	1618

SEAMEN'S LODGING-HOUSES ON THE REGISTER AT THE 31st DECEMBER, 1914, THEIR SITUATION, AND THE NUMBER OF ROOMS AND LODGERS.

STREETS.	No. of Houses.	No. of Rooms.	No. of Lodgers Allowed.
Alfred Gelder Street............	1	32 (Cubicles)	32
Blanket Row....................	1	3	11
Blackfriargate	1	3	10
Cogan Street	2	4	9
Castle Street	2	5	14
Dagger Lane	1	3	10
De-la-Pole Place, Drypool	1	3	7
De-la-Pole Street	1	3	15
Great Passage Street (Victoria Mansions)	1	490 (Cubicles)	490
Gt. Thornton Street..............	1	4	12
Gilbert Street	1	1	2
High Street	1	1	4
Hedon Road	1	2	7
Humber Dock Street	1	4	19
Kingston Street......................	2	8	28
Lister Street	2	10	27
Nile Street..........................	1	3	10
Osborne Street	2	6	24
Posterngate	1	5	11
Wilton Street	1	4	14
Totals	25	594	756

Houses-Let-in-Lodgings.

Number of Houses on Register at end of 1913		408
,, ,, Registered during 1914		50
		458
Number of Houses cancelled for various reasons		64
Total number of Houses occupied as Houses-Let-in-Lodgings at end of 1914		394
Registered Number of Rooms in the 394 Houses		1814
Number of rooms used for living and sleeping purposes	1295	
Number of rooms used for sleeping purposes only	519	
,, ,, let unfurnished	786	
,, ,, ,, furnished	1028	
Number of persons accommodation provided for		4571
Number of persons found in occupation		2742
Number of persons who pay for board and lodgings		232
Number of notices served requiring landlord to provide information necessary for registration		70
Number of information forms received		69
Notices not complied with		1

New Registrations	29
Transfer of landlord	40
Ceased to keep lodgers	2
Exempt from Registration	6
Application form not yet received	1
Total	78

Number of informal circulars issued to landlords showing the number of persons allowed to occupy the rooms	62
Number of copies of Bye-laws issued to landlords	80
Number of letters sent to landlords, *re* registration of houses	3
Number of letters sent to landlords of exempted houses	31

INSPECTIONS.

Number of visits to Houses-Let-in-Lodgings	5721
Number of visits to houses exempt from Registration	212
Total number of inspections	5933
Number of notices issued :—	
Notices in hand at end of 1913	34
Re breaches of Bye-Laws, &c.	313
Re cleansing and limewashing	396
Total	743
Notices in hand at end of 1914	5
Total number of notices complied with ..	738
Number of verbal cautions given..	194
,, ,, letters sent	72

Breaches of Bye-laws were reported in fifty-five instances and formal notices issued. The whole of these notices were complied with. In addition to the above, 102 Statutory Notices have been served, 53 to provide water-closets and 49 to provide dust bins.

LEGAL PROCEEDINGS

have been taken during the year as follows :—

On May 12th, *re* overcrowding. A lodger was fined £1 or 14 days on two charges.

On August 14th, *re* annual cleansing. Two landlords were fined £1 each for failing to comply with notice.

SUMMARY OF WORK CARRIED OUT.

Overcrowding of rooms discontinued	36
Separation of the sexes provided	7
Cellar dwellings closed	6
Carried forward	49

Brought forward	49
Premises cleansed and limewashed	434
New water closets provided	57
,, drainage ,, ...	52
,, pavement ,, ...	16
,, dust bins ,, ...	62
Privies demolished	54
Choked water closets cleansed	25
,, drains and gullies ,, ...	18
Foul water closet basins ,, ...	45
Water closet cisterns repaired	34
Waste pipes repaired	3
Spouting repaired	14
Privies ,, ...	68
Yard pavement repaired	49
Roofs and ceilings ,, ...	55
Walls and floors ,, ...	62
Unwholesome animals removed	4
Accumulations of refuse removed	69
Liquid and solid refuse removed from rooms	13
Dirty floors of rooms, staircase, &c., cleansed	114
,, pavement of yards, &c. ,, ...	92
,, privy seats and floors ,, ...	85
,, privies improperly used	8
Total	1482

Three houses have been reported to the District Sanitary Inspectors to be dealt with under the Housing Acts. Notices were served to carry out the necessary repairs, and in each case were complied with.

Sanitary Conveniences.—In the 394 houses now on the register, 183 have one water-closet, 24 have two water-closets, 8 have both water-closet and privy, 109 have one privy, 19 have two privies, and 51 have privy pails. Of the 187 houses provided with privies, 133 of such privies are within six feet of the dwelling, and in 30 instances the contents of the privy have to be carried through the house.

Efforts have been made to remedy this state of affairs, with the result that at 57 houses water-closets have been substituted for privies, and in 7 instances notices have been served and the work put in hand.

Rag Flock Act, 1911.

Five samples were taken during the year, one of which was not in conformity with the Regulations.

Fabric (Misdescription) Act, 1913.

Three samples were taken under this Act, two of which did not conform to the standard of non-inflammability laid down by the Regulations of the Act. In each case the vendors were cautioned by the Town Clerk.

Disinfecting Station.

Table shewing the number of persons admitted for bathing and the number of articles from private houses and books from the Public Libraries disinfected at the Disinfecting Station.

1914.	No. of Persons Bathed.	No. of Articles Dis-infected.	No. of Books Dis-infected.	No. of Premises Dis-infected.
January	263	2555	36	165
February	498	3184	43	181
March	360	2771	109	311
April	231	2951	162	730
May	364	3041	98	746
June	347	2545	49	403
July	200	2275	14	257
August	156	1811	5	135
September	310	2263	18	153
October	282	3525	11	158
November	222	3350	33	174
December	240	7542	24	215
Totals	†3493	*38213	605	3628
1913.	2826	24084	357	1624
1912.	3661	25565	841	3257

* includes 6025 blankets and other articles from Military Authorities.

† includes 196 Soldiers.

TABLE SHEWING PROSECUTIONS

Date. 1911.	Offence.	Result.
April 20	Contravening Bye-laws as to Houses Let-in-Lodgings	Fined 10s., or 7 days.
July 3	Non-compliance with Margarine Acts:—(1) Exposing margarine for sale without properly labelling it; (2) Selling margarine in a wrapper without the same having printed thereon in half-inch letters "Margarine:" (3) Selling margarine on the wrapper of which was printed other matter than "Margarine."	(1) Fined 10s. inclusive, or 7 days. (2) Fined 6s. inclusive, or 5 days. (3) Withdrawn.
July 3	do. do. do.	(1) Fined £2 inclusive, or 14 days. (2) Fined 15s. inclusive, or 7 days. (3) Dismissed without costs
July 3	do. do. do.	(1) Fined £1 inclusive, or 14 days. (2) Adjourned *sine die.* (3) do.
Aug. 26	(1) Stealing apples from Cottingham Castle Estate; (2) Doing wilful damage to trees. (4 defendants.)	Three defendants placed on probation for both offences for 12 months; charge withdrawn against other defendant, who was about to be committed to industrial school by Stipendiary Magistrate.

For particulars of other prosecutions see pages 46, 47 and 106.

Statement shewing premises inspected, Notices served, Nuisances abated, Drainage Works, &c.

Premises inspected and nuisances abated :—	
No. of complaints registered	888
No. of premises inspected	7581
No. of Notices, &c., served	4976
No. of Notices complied with	5077
General Nuisances :—	
No. of drains, gullies, and w.c.'s cleansed	1437
No. of premises cleansed and limewashed ..	96
No. of sanitary conveniences repaired or amended	1148
Drainage, &c. :—	
No. of privies converted into w.c.'s	329
No. of separate and combined drains reconstructed	1685
No. of separate and combined drains repaired (including gullies placed on existing drains)	191
No. of supervisions of work in progress ..	1818
Manure Yards :—	
No. of Inspections	1581
Milk Shops :—	
No. of Inspections	1013
No. not in conformity with Regulations	1
Infectious Diseases :—	
No. of cases notified	4672
No. of cases investigated by District Inspectors ..	3758
No. of houses supplied with fever pails	22
Aggregate number of days pails supplied	162

Privies Converted into Water-Closets.

The following shows the number of Privies converted into Waterclosets during the year :—

Dwelling-houses (including Houses-Let-in-Lodgings)	385
Workshops and Workplaces	25
	410

Summary of Work done (including that done in connection with House-to-House Inspection) on Informal or Statutory Notices, &c., served for the Abatement of Nuisances, &c., as the Result of Inspections by the District Inspectors of Nuisances.

Nature of Work Done.	No. of Defects, &c., remedied on	
	Informal Notices.	Statutory Notices.
Drains amended or repaired	1511	365
Privies converted into W.C.'s	155	174
Dust-bins provided	632	181
Sanitary conveniences repaired or amended (excluding dust-bins provided)	946	1
Soil, vent, and waste pipes replaced or repaired	19	—
Fall and eaves-spouting replaced or repaired	268	—
Fall-pipes disconnected from drains ..	76	—
Drains, gullies and W.C.'s cleansed ..	1437	—
Soil vent and waste-pipes cleansed ..	31	—
Fall and eaves-spouting cleansed ..	63	—
Premises cleansed and limewashed ..	96	—
Dilapidations repaired (including roofs, ceilings, walls, floors, &c.) ..	326	1
Yards, passages, &c., repaved or pavement repaired	118	23
Ventilation provided under floors ..	174	—
Overcrowding of dwellings discontinued	19	—
Nuisances abated from keeping of fowls, animals, &c.	20	—
Manure-pits erected or repaired	1	—
Manure and refuse removed	7	-
Miscellaneous	174	-
Totals	6436	745

Notices served in 1914:—

Informal	4,311
Statutory	665
	4,976

Sanitary Conveniences.

Return as to the type and number of sanitary conveniences in the City and the number of premises to which they are provided (as per an enumeration completed in March, 1914) :—

Type of Convenience.	No. of Conveniences.	No. of Premises.
Watercloset	35973	25852
Privy with Fixed Receptacle ..	32124	32753
Privy with Moveable Receptacle..	*10941	10948

* Most of these moveable receptacles voluntarily provided to fixed privies by the owners since the beginning of 1910, such owners apparently having in view the adoption by the Hull Corporation of Section 39 of the Public Health Acts Amendment Act, 1907.

DRY DUST COLLECTION.

No. of Inspections of Ashpits.	Applications for the Removal of House Refuse, etc.	No. of Loads Collected and where Tipped.				Total Loads.
		East District Destructor.	West District Destructor.	Cottingham Road.	Other Tips.	
10332	1484	9615	15148	6361	461	31588

NIGHTSOIL COLLECTION.

No. of Inspections of Privies.	No. of Applications for the Removal of Nightsoil.	No. of Loads Collected and where Tipped.				Total Loads.
		Railway Sidings.	Wharves and Docks.	Allotments, Parks, etc.	Farms, etc., Outside City.	
57859	344	10191	1513	771	13351	25829

Destructors.

Refuse Destroyed.

Nature of Refuse.				Number of loads dealt with at		Total Loads.
				East District Destructor.	West District Destructor.	
Ashes, Shop & Warehouse Refuse				10077	15379	25456
Market Sweepings				121	—	121
Damaged Fruit and Vegetables...				248	94	342
Eggs, &c.				238	293	531
	E.D.	W.D.	Total			
Dead Animals	714	916	1630	36	46	82
Mattresses	1436	3100	4536	72	155	227
Fever Pails (Contents of)	77	313	420	4	16	20
Baskets of Yeast	134	—	134	7	—	7
Totals..............				10803	15983	26786

In addition to the above, 6825 loads have been taken to tips referred to in table on page 79.

66 tons Disinfecting Powder made at the West District Destructor.

Offensive Trades, Smoke Nuisances, &c.

Offensive Trades.—The various works where noxious trades are conducted have been periodically inspected. 2,278 day and 52 night visits have been paid to the works. Where nuisances were found to exist, steps were taken by your Inspector to secure their abatement.

Smoke Nuisances.—Nine hundred and twenty-eight inspections have been made in respect of smoke nuisances. It was found necessary to serve 18 notices for the abatement of nuisances in addition to verbal instructions.

Fish Curing Houses.—Structural alterations to five old fish-curing houses for the abatement of smoke nuisances have been carried out during the year, leaving only one more of the old premises to be dealt with. The alterations have effected a great improvement.

Pigsties.—Three thousand five hundred and thirteen inspections were made of the various premises where pigs are kept, and 975 notices served for the abatement of nuisances or compliance with the bye-laws. Nineteen new styes have been erected in accordance with plans approved by the Health Committee. Since the coming into operation of the bye-laws in 1908, 499 sties have been closed. The number of premises on the register is 295, with 600 sties.

Public Sewers.—Your inspectors have made 300 inspection of works, with a view to detecting firms who might be likely to discharge effluents into the sewers contrary to the Public Health Acts.

DEATHS FROM ZYMOTIC DISEASES.—STREET LIST.

DRYPOOL.

Name of Street.	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Arundell Street	0	0	0	0	1	0	1
Balfour Street	0	0	0	0	0	0	1
Beaumont Street	0	0	0	0	0	0	1
Churchill Street	0	0	0	0	0	0	1
Cleveland Street	0	0	0	0	1	0	3
Craven Street	0	0	0	1	0	0	0
Crowle Street	0	1	0	0	0	0	1
Duncan Street	0	0	0	0	0	0	1
Egton Street	0	0	0	0	0	1	0
Emily Street	0	0	0	0	0	0	1
Estcourt Street	0	1	0	0	0	0	1
Feather Lane	0	0	0	0	0	0	1
Ferries Street	0	2	0	0	0	1	0
Frodsham Street	0	0	0	0	0	0	1
Great Union Street	0	0	0	0	0	1	1
Hedon Road	0	0	0	1	0	0	0
Hodgson Street	0	0	0	0	1	1	6
Holborn Mount	0	0	0	1	0	0	0
Holderness Road	0	0	0	0	0	0	2
Hotham Street	0	1	0	0	0	0	1
James Street	0	0	0	0	0	2	1
Lee Smith Street	0	0	0	0	0	0	4
Lime Street	0	0	0	0	0	0	1
Marvel Street	0	1	0	0	0	0	0
Naylor's Row	0	0	0	0	0	0	1
Newbridge Road	0	1	0	0	0	0	0
Pelham Street	0	0	0	0	0	1	1
Popple Street	0	0	0	0	0	0	1
Portobello Street	0	0	0	0	0	0	1
Raikes Street	0	0	0	0	0	0	1
Ripon Street	0	0	0	0	0	0	1
Rosemead Street	0	0	0	0	0	1	0
Rustenburg Street	0	1	0	0	1	0	1
St. Mark's Street	0	1	0	0	0	1	5
Spyvee Street	0	1	0	0	1	2	8
Strawberry Street	0	0	0	0	0	0	1
Sydney Street	0	1	0	0	0	0	0

Name of Street.	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Thomas Street	0	0	0	0	0	1	0
Victor Street	0	0	0	0	0	0	2
Waller Street	0	5	0	0	0	0	1
Warwick Street	0	0	0	0	0	0	2
Whitby Street	0	0	0	0	0	0	1
Williamson Street	0	1	0	0	0	0	2
Witham	0	1	0	0	0	1	0
Woodhouse Street	0	0	0	0	0	0	2

SOUTHCOATES.

Name of Street.	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Barnsley Street	0	2	0	2	0	0	3
Bedford Street	0	2	0	0	0	0	0
Beeton Street	0	1	0	0	0	0	1
Berkshire Street	0	0	0	0	0	0	1
Bright Street	0	0	0	0	1	0	0
Buckingham Street	0	0	0	1	0	0	4
Chapman Street	0	0	0	0	0	0	1
Courtney Street	0	0	0	1	0	0	7
Dalton Street	0	0	0	0	0	0	1
Dansom Lane	0	0	0	0	0	0	1
Garden Village	0	1	0	1	1	0	1
Holderness Road	0	1	0	0	0	0	0
Hume Street	0	0	0	0	0	0	1
Kent Street	0	0	0	0	1	0	3
Lee Street	0	0	0	1	0	0	0
Lorraine Street	0	0	0	0	0	0	2
Mersey Street	0	0	0	0	0	0	1
Morley Street	0	0	0	0	0	0	1
Nornabell Street	0	2	0	0	0	2	3
Severn Street	0	0	0	0	0	0	1
Stoneferry Road	0	0	0	0	0	0	1
Stoneferry	0	0	0	0	1	0	0
Studley Street	0	0	0	0	0	0	1
Withernsea Street	0	0	0	0	0	0	2

EAST SCULCOATES.

Name of Street.	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Air Street	0	0	0	1	0	0	0
Alicia Street	0	0	0	0	0	0	1
Barmston Street	0	0	0	0	0	0	2
Bourne Street	0	0	0	0	0	0	1
Bournemouth Street	0	0	1	0	0	0	3

Name of Street	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Bridlington Street	0	0	0	0	0	0	1
Cumberland Street	0	2	0	0	0	3	5
Exchange Street	0	2	0	0	0	0	1
Folkstone Street	0	0	0	0	1	0	0
Francis Street	0	0	0	0	0	1	2
Grange Street	0	2	0	0	2	1	2
Green Lane	0	0	0	0	0	1	0
Lake Street	0	2	0	0	0	0	0
Lime Street	0	0	0	0	0	0	1
Lockwood Street	0	1	0	0	0	0	0
New George Street	0	0	0	0	0	0	2
Nicholson Street	0	0	0	0	0	0	1
Northumberland Avenue	0	0	0	0	0	0	1
Oxford Street	0	1	0	0	0	0	1
Rose Street	0	0	0	0	0	0	1
Ryde Street	0	0	0	0	0	1	0
St. Paul Street	0	0	0	0	0	0	1
Seaton Street	0	0	0	0	1	0	1
Sculcoates Lane	0	0	0	0	0	1	1
Swann Street	0	0	0	0	0	0	1
Sykes Street	0	1	0	0	0	0	1
Symons Street	0	1	0	0	0	0	0
Temple Street	0	0	0	0	0	0	1
Tunis Street	0	0	0	0	1	0	0
Washington Street	0	0	0	0	1	0	0
Westmoreland Street	0	0	0	0	0	0	2
Wincolmlee	0	1	0	1	0	0	3
Worthing Street	0	0	0	1	0	0	0
York Street	0	2	0	0	0	0	2

WEST SCULCOATES.

Belvoir Street	0	0	0	2	0	0	0
Beverley Road	0	0	0	0	0	0	2
Blake Street	0	0	0	0	0	0	1
Blenheim Street	0	0	0	0	0	1	0
Brunswick Avenue	0	1	0	0	0	1	0
Cave Street	0	1	0	1	0	0	1
Charles Street	0	0	0	0	0	0	1
Clifford Street	0	0	0	0	1	0	0
Clumber Street	0	0	0	1	0	0	0
Derby Street	0	0	0	1	1	0	0

Name of Street	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Edgecumbe Street	0	0	0	0	0	1	0
Egginton Street	0	0	0	0	0	1	0
Ella Street	0	0	0	0	1	0	0
Finsbury Street	0	1	0	0	0	0	0
Gibson Street	0	0	0	0	0	0	1
Goddard Avenue	0	0	0	0	1	0	0
Grafton Street	0	0	0	1	0	0	0
Holmes Street	0	1	0	1	0	0	0
Lambton Street	0	1	0	0	0	0	0
Liddell Street	0	1	0	0	0	0	0
Lorne Street	0	0	0	0	1	0	0
Marlborough Avenue	0	0	0	1	0	0	0
Marlborough Terrace	0	0	0	1	1	0	0
Mayfield Street	0	0	0	0	0	1	0
Middleton Street	0	0	0	0	1	0	0
Newland Avenue	0	0	0	0	0	0	2
Norfolk Street	0	0	0	1	0	0	0
Park Road	0	0	0	0	0	0	1
Peel Street	0	0	0	0	1	0	0
Percy Street	0	0	0	1	0	0	0
Perth Street	0	0	0	2	1	0	0
Providence Row	0	1	0	5	0	1	2
Reynoldson Street	0	1	0	0	1	0	1
St Paul Street	0	0	0	0	0	0	2
Salisbury Street	0	0	0	0	0	1	0
Sharp Street	0	0	0	0	1	0	0
Silvester Street	0	0	0	0	0	0	1
Somerscales Street	0	0	0	2	0	0	0
Terry Street	0	1	0	1	0	0	0
Trafalgar Street	0	0	0	1	0	0	0
Waterloo Street	0	0	0	0	0	0	1
Welbeck Street	0	0	0	0	1	0	0

HUMBER.

Name of Street	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Adelaide Street	0	1	0	0	1	0	1
Blackfriargate	0	0	0	0	1	0	0
Blanket Row	0	0	0	0	0	1	0
Cambridge Street	0	1	0	0	0	0	0
Colonial Street	0	1	0	0	0	0	0
East Cheap	0	0	0	0	0	0	1
Edward's Place	0	0	0	0	0	0	2

Name of Street.	Small Pox.	Measles.	Scarlatina.	Diphtheria.	Whooping Cough.	Fevers.	Diarrhea and Enteritis
Finkle Street	0	0	0	0	1	0	0
Garden Street	0	1	0	0	0	0	0
Great Thornton Street	0	1	1	0	0	0	0
Grimsby Lane	0	0	0	0	1	0	0
Hill Street	0	0	0	0	0	0	1
High Street	0	0	0	0	2	0	0
Kingston Street	0	0	0	0	0	0	1
Lister Street	0	0	0	0	0	0	1
Moxon Street	0	0	0	0	0	0	1
Mytongate	0	0	0	0	0	0	1
Osborne Street	0	0	0	0	1	0	1
Parrott Street	0	0	0	0	0	0	1
Pease Street	0	1	0	1	0	0	2
Pearson Street	0	0	0	0	0	0	1
Porter Street	0	1	0	0	0	0	6
St. Luke Street	0	0	0	0	0	0	1
Salthouse Lane	0	1	0	0	0	0	0
South Street/	0	0	0	0	0	0	1
Spencer Street	0	0	0	1	0	0	0
Spring Street	0	1	0	1	0	0	0
Walker Street	0	1	0	0	0	0	0
William Street	0	0	0	0	0	0	1
Wellington Street	0	0	0	0	1	0	0
West Street	0	0	0	0	0	0	2

MYTON.

Ash Street	0	1	0	0	0	0	0
Alexandra Street	0	2	0	0	0	0	2
Argyle Street	0	0	0	0	0	1	0
Bean Street	0	1	0	0	0	0	0
Boulevard	0	0	0	0	0	0	2
Cadogan Street	0	0	0	0	0	1	0
Campbell Street	0	0	0	0	0	1	0
Commerce Lane	0	1	0	0	0	0	0
Convent Lane	0	1	0	0	0	0	0
Day Street	0	1	0	0	1	0	1
Division Road	0	0	0	1	0	0	0
Edgar Street	0	0	0	0	0	0	3
Ena Street	0	0	0	0	0	0	1
English Street	0	0	0	0	0	0	1
Eton Street	0	0	0	0	0	0	2
Harrow Street	0	2	0	0	0	1	2

Name of Street.	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Hymers Avenue	0	0	0	0	0	1	0
King's Bench Street	0	1	0	0	0	0	0
Lansdowne Street	0	1	0	0	0	0	0
Marmaduke Street	0	1	0	0	0	0	1
Neptune Street	0	0	0	0	0	0	1
Newton Street	0	0	0	0	0	0	1
Norwood Street	0	0	0	1	0	0	0
Park Street	0	0	0	0	0	0	1
Regent Street	0	0	0	0	0	0	1
Rosamond Street	0	0	0	0	0	0	1
St. James' Street	0	1	0	0	0	0	2
St. Mathew's Street	0	0	0	0	0	1	0
Staniforth Place	0	0	0	1	0	0	0
Stanley Street	0	1	0	0	0	0	0
Strickland Street	0	2	0	0	0	1	1
Tomlinson Street	0	3	0	0	0	0	0
Vauxhall Grove	0	1	0	0	0	0	0
Villa Place	0	0	0	0	0	0	2
Walcott Street	0	4	0	0	1	0	2
Walliker Street	0	0	0	0	1	0	0
Wassand Street	0	0	0	0	0	0	6
Wellsted Street	0	0	0	0	0	0	1
Wenlock Street	0	0	0	0	1	0	0
West Parade	0	0	0	0	0	0	1
Wyndham Street	0	1	0	1	0	0	9

NEWINGTON.

Name of Street.	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Albert Avenue	0	0	0	0	0	0	1
Arthur Street	0	0	0	1	2	1	0
Ashley Street	0	0	0	0	0	0	1
Beecroft Street	0	1	0	0	0	0	0
Brighton Street	0	0	0	0	1	0	1
Carlton Street	0	0	0	0	0	0	2
Chiltern Street	0	2	0	0	1	0	2
Curzon Street	0	0	0	1	0	0	0
De-la-Pole Avenue	0	0	0	1	0	0	2
Devon Street	0	0	0	0	0	0	1
Division Road	0	0	0	0	0	0	1
Eastbourne Street	0	0	0	0	0	0	2
Edinburgh Street	0	1	0	0	0	0	1
Essex Street	0	0	0	1	0	0	9

Name of Street.	Small Pox	Measles	Scarlatina	Diphtheria	Whooping Cough	Fevers	Diarrhœa and Enteritis
Evans Square	0	0	0	0	0	0	1
Flinton Street	0	0	0	0	1	0	0
Gillett Street	0	1	0	0	0	0	4
Glasgow Street	0	0	0	1	0	0	1
Greek Street	0	0	0	0	1	0	1
Haltemprice Street	0	0	0	0	0	0	1
Havelock Street	0	0	0	0	0	0	1
Hawthorn Avenue	0	0	0	0	1	0	5
Hessle Road	0	1	0	0	0	1	1
Lees Walk	0	0	0	0	0	0	1
Liverpool Street	0	0	0	0	0	0	2
Manchester Street	0	0	0	0	0	1	2
Massey Street	0	0	0	0	0	0	1
Paisley Street	0	0	0	0	0	0	1
Patrick's Lane	0	0	0	0	0	0	1
Pretoria Street	0	0	1	0	0	0	0
Pulman Street	0	0	0	0	0	0	1
Rhodes Street	0	0	0	0	0	0	1
Rugby Street	0	0	0	0	0	0	3
St. George's Road	0	0	0	0	0	0	3
Sandringham Street	0	0	0	0	1	0	0
Scarborough Street	0	0	0	1	0	0	2
Somerset Street	0	0	0	0	0	0	1
Subway Street	0	0	0	0	0	0	1
Tyne Street	0	0	0	1	0	0	0
Walton Street	0	0	0	0	1	0	1
Westbourne Street	0	1	0	1	0	0	0
West Dock Street	0	0	0	0	0	0	2
Wheeler Street	0	0	0	0	0	0	1
Witty Street	0	0	0	0	0	0	1
Woodcock Street	0	0	0	0	0	0	1
Zetland Street	0	1	0	0	0	0	0

INSPECTION AND REGISTRATION OF CANAL BOATS.

ANNUAL REPORT OF THE INSPECTION AND REGISTRATION OF CANAL BOATS.

For the Year ended 31st December, 1914.

Canal Boats inspected	2142
Additional inspections made to ascertain if notices served had been complied with	153
Total number of inspections	2295
Canal Boats found in good order	1992
,, ,, contravening the Acts	150
	2142

The 2,142 Canal Boats inspected during the year are registered to accommodate 11,435 adult persons, whilst only 4,464 adults (3,450 males, 1,014 females) and 684 children were found occupying the said boats.

The number of children of school age found on the boats registered by this Authority was 196.

Particulars of Contraventions.

		Defects.	Remedied.
Not properly lettered and numbered		27	27
Absence of certificates		22	19
Requiring Repairs :—			
Decks	9	92	86
Decks, stoves and floors ..	17		
Cupboards and water casks	26		
Cupboards and berths ..	37		
Additional light	3		
Carried forward ..		141	132

	Defects.	Remedied.
Brought forward ..	141	132
Certificates not identifying owner with boat	25	21
Requiring renewal of paint.. ..	179	168
Change of Master not notified ..	4	4
Cabins not in a cleanly condition ..	65	65
Overcrowding	3	3
Females over age—without proper separation	1	1
Refusal of admittance to inspection	—	—
Carrying offensive cargoes without the requisite double bulkheads	—	—
Accumulation of bilge water ..	22	22
Unregistered boats	15	15
	455	431

In reference to the 24 contraventions unremedied, notices have been sent either to the Owner or Master in each case, and the notices have been complied with.

The 11 contraventions existing when the last annual report was presented have since been remedied.

In addition to the written notices or letters sent to the Owners, the Masters of all boats contravening the Acts or Regulations have been verbally cautioned.

Infectious Diseases.

On Thursday, 21st May, a notification was received from a Medical Practitioner that a child, age 7½ years, daughter of the master of boat "Alice and Margaret," registered No. 681, Hull, was suffering from Diphtheria. The patient was removed to hospital, and the necessary disinfection carried out. A Certificate was given to the owner of the boat by the Medical Officer of Health intimating that this work had been carried out to his satisfaction.

Legal Proceedings.

It has not been found necessary during the year to take proceedings, as in nearly every instance where contraventions of the Canal Boats Acts have been discovered the persons responsible have carried out the necessary work with the least possible delay.

Registration Department.

Total number of Canal Boats on the Register 31st December, 1913	566
Registered during the year	15
	581
Cancelled during the year	2
Total number on the Register 31st December, 1914	579

Particulars of Boats registered during the year :—

New Boats not previously Registered	14
Previously registered under another Authority	1
	15

New Certificates issued in consequence of :—

Change of Ownership	16
Change of Boat's name	4
Certificates lost or dilapidated	6
Certificates endorsed with name of new Owner	5
Change of Master	12
	43

Particulars of boats, the registration of which has been cancelled during the year :—

Ceased to be used for human habitation	2
Boats sunk and broken up	—
Re-registered under other Authorities	—
	2

Number of boats believed to be in use or available	563
Number of boats at present cannot be traced	16
Number of a (*a*) Steam-propelled Boats	14
Number of (*b*) Motor-propelled Boats	—

Report on the Administration of the Factory and Workshop Acts, Shops Acts, Employment of Children Act and Prevention of Cruelty to Children Act.

GENERAL REMARKS ON THE WORK.

The administration of these Acts is entrusted to the Chief Sanitary Inspector, with three specially appointed assistants (two male and one female), and one Junior Inspector whose duty comprises that of Clerk and Assistant Inspector.

At the outbreak of the present war, Mr. H. Tayler, Inspector, and Mr. W. N. L. Barr, Junior Clerk Inspector, joined His Majesty's Forces. This made it necessary to make a temporary modification of the staff, which was done by appointing a temporary Inspector of Shops, over military age, and arranging for the female Inspector to do most of the clerical work.

This reduction of the staff, together with the discharge of three temporary Inspectors employed during 1913, accounts for the marked reduction in the number of inspections made, more particularly referring to shops.

Eighty-eight plans for industrial premises were examined during the year, as compared with 111 in 1913. In several instances recommendations were made in respect thereto, with a view to securing the provision of suitable sanitary accommodation and sufficient means of escape in case of fire. In almost every case the plans were amended in accordance with the recommendation.

Eighteen prosecutions were instituted during the year; 18 convictions were obtained.

Factories.

As in previous years, the inspection of factories was mainly limited to fire-escapes and the investigation of complaints.

Workshops and Workplaces.

The usual systematic inspection of workshops and workplaces has been continued, but has been to some extent affected by the modification of the staff mentioned above.

The number of workshops and workplaces on the register at the end of the year was 1494, as compared with 1621 in 1913. The number of workers were 3286 males and 3845 females, as compared with 3685 males and 4073 females in the preceding year.

Fire Escapes.

The inspection of factories and workshops with regard to means of escape in case of fire was vigorously proceeded with during the greater part of the year, but consequent upon the war and the Inspector who was doing the work having joined the military forces the work could not be followed up. A total of 68 inspections were made during the year.

Bakehouses.

The systematic inspection of bakehouses was maintained during the year, and the premises were found as a rule to be kept in a cleanly condition.

Out-workers.

The number of persons taking out-work during the year was 969 (310 males and 659 females), there remained on the register at the end of the year 680 (254 males and 426 females).

Three cases of infectious disease were notified as occurring in premises in which wearing apparel was given out to be made.

Shops.

The number of shops on the register at the end of the year was 6982; of these 3295 were under the obligation to close on the weekly half-holiday.

There have been numerous breaches of the Act and the Orders made thereunder, more particularly with respect to the half-day closing of shops, the great majority of which were failing to exhibit the required notices with regards to exempted trades in Mixed Shops, or failing to exhibit other notices required by the Act. With regard to other matters, the Act has been fairly well complied with.

Employment of Children Act, 1904, and Prevention of Cruelty to Children Act, 1904.

Prevention of Cruelty to Children Act, 1904.

The number of licences granted for stage performances was considerably less than in the preceding year, there being only 12 licences granted as compared with 37 in 1913. The number of certificates of exemption granted for charity performances was 23, as compared with 32 in 1913.

TABLE SHEWING THE WORK ACCOMPLISHED UNDER THE FACTORY AND WORKSHOP ACT, SHOP HOURS ACTS, EMPLOYMENT OF CHILDREN ACT, &c., EACH YEAR DURING THE PAST 10 YEARS, ENDED DECEMBER 31st, 1914.

Year.	Factory and Workshop, and Public Health Acts.											
	REGISTERS.					INSPECTIONS.					OUT-WORKERS' LISTS.	
	Workshops.	Workplaces.	Bakehouses.	Employers of Outworkers.	Outworkers.	Workshops and Workplaces. (Outworkers included).	Factories.	Laundries.	Bakehouses.	Re-Inspections, &c.	Defaults Amended.	Lists Examined.
1905	1345	81	111	138	506	1966	61	13	176	1174	235	260
1906	1403	75	133	132	495	1510	75	18	186	1122	262	272
1907	1421	74	125	167	614	1464	171	7	269	2117	230	438
1908	1364	71	121	156	657	1711	130	13	308	2119	240	333
1909	1418	77	122	150	666	1110	100	8	239	1772	256	323
1910	1469	83	118	161	532	1418	101	8	328	1966	277	364
1911	1371	104	130	156	560	1458	42	8	297	1963	306	383
1912	1377	105	121	146	575	1203	48	5	340	1474	313	361
1913	1394	108	119	153	596	1130	52	12	309	1044	327	337
1914	1264	114	116	159	680	2501	65	21	383	1815	339	418
TOTALS	13826	892	1216	1518	5881	15471	845	113	2835	16566	2785	3489

Year.	Factory and Workshop, and Public Health Acts.															
	FIRE ESCAPES.					SUMMARY OF SANITARY WORK.					NOTIFICATIONS TO H.M. INSPECTOR.			PROSECUTIONS.		
	Inspections.	Escapes required.	Escapes provided.	Escapes not in order.	Escapes put in order.	Various Sanitary Defects amended.	New Waterclosets provided.	New Earthclosets provided.	New Urinals provided.	Premises affected.	New Workshops.	No Abstract, &c.	Other matters.	Prosecutions.	Convictions.	Dismissed or withdrawn on payment of costs.
1905	21	3	14	2	3	275	21	4	...	229	173	22	7	1	...	2w
1906	22	4	4	4	2	326	88	11	...	293	144	11	21	3	3	...
1907	21	6	7	7	4	487	210	2	29	401	162	14	14	21	5	3R 13w
1908	24	4	5	2	3	604	289	2	63	434	108	46	4	11	3	1R 7w
1909	26	4	11	7	8	503	169	2	17	368	86	19	2	9	8	1w
1910	90	50	34	19	18	421	101	1	4	333	107	37	8	12	2	10w
1911	51	22	34	2	6	451	111	...	3	4	91	24	5	11	5	6w
1912	17	3	6	2	1	377	97	...	7	288	53	15	4	3	2	1D
1913	25	6	5	3	0	222	36	...	1	182	62	12	7	2	2	...
1914	68	20	8	9	5	504	50	...	4	370	101	13	...	1	1	...
TOTALS	365	122	128	57	50	4170	1172	22	128	2902	1087	213	72	74	31	...

Year.	Shops Regulation Acts.													
	SHOP HOURS ACTS, 1892 to 1895.				SEATS FOR SHOP ASSISTANTS ACT, 1899.				SHOP HOURS ACT, 1904 (Closing Order).			PROSECUTIONS.		
	Shops where young persons are employed.	Inspections.	Notices not exhibited.	Excess of hours.	Shops where females are employed.	Inspections.	Where seats were required.	Where seats have been provided on request.	Shops under the Act.	Inspections.	Contraventions.	Prosecutions.	Convictions.	Dismissed, withdrawn or respited on payment of costs.
1905	1919	2189	230	8	556	Inspections included under Shop Hours Acts.	13	14	...	...	...	4	4	...
1906	2099	2173	278	6	582		6	6	222	1163	26	...	...	...
1907	1975	1233	183	3	569		1	3	227	1374	23	15	14	1A
1908	2001	1153	134	1	554		6	7	225	1065	24	3	3	...
1909	2033	999	111	6	574		10	6	246	1050	27	5	5	...
1910	2033	1080	154	6	580		4	4	261	822	30	6	5	1D
1911	2032	1130	126	7	576		1	...	249	796	40	...	...	...
1912	No Record	113	15	2	No Record		...	1	No Record	414	7	1	1	...
1913	...	...	...	...	...		...	...	...	...	...	...	...	...
1914	...	...	...	...	...		...	...	...	...	...	...	...	...
TOTALS	To 30/4/'12	10070	1231	39	3991	...	41	41	1430	6684	177	34	32	...

Year.	Factories Steam Whistles Act.			Employment of Children Act, and Bye-Laws. Prevention of Cruelty to Children Act.								Plans of New Buildings Examined.
									PROSECUTIONS.			
	Inspections.	Users on Register.	Certificates granted.	Licences for Stage Performances.	Children affected.	Exemptions for Charitable Entertainments.	Inspections.	Contraventions.	Prosecutions.	Convictions.	Dismissed or Withdrawn on payment of Costs.	
1905	1	65	1	29	35	...	55	8	...	...	...	...
1906	2	65	...	25	50	...	488	70	4	4	...	...
1907	6	68	3	26	45	...	359	290	38	33	4R 1D	...
1908	1	69	1	28	43	...	346	114	11	10	1D	41
1909	1	70	1	27	62	28	215	69	3	3	...	64
1910	1	71	1	30	113	27	197	62	7	5	2w	137
1911	3	72	2	39	77	29	208	113	6	3	2R 1w	138
1912	1	73	1	37	95	47	156	76	5	2	1w 1R 1D	158
1913	...	73	...	37	94	32	272	99	5	5	...	111
1914	6	75	2	12	16	23	180	73	2	2	...	88
TOTALS	22	...	12	290	630	186	2476	974	81	67	...	737

WORK ACCOMPLISHED UNDER THE SHOPS ACT. 1912.

(CAME INTO OPERATION 1ST MAY, 1912).

	Shops on Register.	Inspections.	Notice not exhibited.	Excess of hours of employment of young persons.	Meal times not allowed.	Assistant's half holiday not allowed.	Open after closing hour.	Mixed Shops open after closing hour—Act not complied with.	Seats required.	Seats provided on request.	PROSECUTIONS. No of cases.	Convictions.	Dismissed, withdrawn or respited on payment of costs.
1912......	6875	15521	85	3	13	6	51	32	2	1	12	9	2 W 1 R
1913......	6944	9265	121	...	6	11	56	350	...	...	37	35	2 W
1914... ..	6982	4314	503	...	29	45	32	422	...	...	15	15	...
TOTALS...	...	29100	709	3	48	62	139	804	2	1	65	59	...

TOTAL INSPECTIONS FOR THE PAST 10 YEARS.

Workshops	15471
Factories	845
Laundries	113
Bakehouses	2835
Re-Inspections, &c.	16566
Outworkers' Lists examined	3489
Steam Whistles	22
Theatres, Shops, &c. (E.C.A.)	2476
Fire Escapes	365
Shops	45854
Plans examined	737
Grand Total	88773

TOTAL FAULTS REMEDIED DURING THE PAST 10 YEARS.

Unregistered Workshops, &c.	4024
Sanitary	4170
Fire Escapes	178
Shop Notices	1940
Hours of Employment and Meal Times	92
Closing of Shops	943
Shop Seats	41
Steam Whistles	12
Employment of Children	974
Grand Total	12374

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.		Number of		
		Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	Including 68 for Fire Escapes	65	60	1
Workshops (including Workshop Laundries)		1944	270	—
Workplaces (other than Outworkers' premises included in Part 3 of this Report)		132	71	—
Total (1815 re-inspections not included)		2141	401	1

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts:—				
Want of cleanliness	140	139	—	—
Want of ventilation	2	1	—	—
Overcrowding	3	3	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	210	231	—	—
Sanitary accommodation insufficient	14	8	—	1
Sanitary accommodation unsuitable or defective	50	49	—	—
Sanitary accommodation not separate for sexes	21	27	—	—
Public Health Acts Amendment Act, 1890, in force.				
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (S. 101)	1	1	—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	66	45	—	—
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report)	—	—	—	—
Total	507	504	—	1

OUTWORKERS' LISTS, SECTION 107.

NATURE OF WORK * (1)	Lists received from Employers. Twice in the Year. Lists.† (2)	Lists received from Employers. Twice in the Year. Outworkers. † Contractors (3)	Lists received from Employers. Twice in the Year. Outworkers. † Workmen. (4)	Lists received from Employers. Once in the Year. Lists. (5)	Lists received from Employers. Once in the Year. Outworkers. † Contractors (6)	Lists received from Employers. Once in the Year. Outworkers. † Workmen. (7)	Addresses of Outworkers. Received from other Councils. (8)	Addresses of Outworkers. Forwarded to other Councils. (9)	Notices served on Occupiers as to keeping or sending Lists. (10)	Prosecutions. Failing to keep or permit inspection of lists. (11)	Prosecutions. Failing to send lists. (12)	Inspections of Outworkers' premises (13)	some premises, Section 108. Instances. (14)	some premises, Section 108. Notices Served. (15)	some premises, Section 108. Prosecutions (16)	Infected premises Sections 109, 110. Instances. (17)	Infected premises Sections 109, 110. Orders made (S. 110). (18)	Infected premises Sections 109, 110. Prosecutions (section 109, 110). (19)
Wearing Apparel:—																		
(1) Making, &c.	268	11	861	8	2	30	—	1	303	—	—	—		—	—	3	—	—
(2) Cleaning and washing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lace, lace curtains and nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nets, other than wire nets	6	—	630		—	—	—	—	5	—	—	—	—	—	—	—	—	—
Tents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sacks	4	—	19	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—
Furniture and Upholstery	20	*2	**28	3	—	6	—	—	14	—	—	—	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbrellas, &c.	4	—	§6	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—
Carding, &c., of buttons, &c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paper Bags and Boxes	4	—	7	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—
Basket making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brush making	2	—	2	1	—	2	—	—	4	—	—	—	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stuffed Toys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
File making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cables and chains	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anchors and grapnels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	308	16	1553	12	2	38	—	4	339	—	—	—		—	—	3	—	—

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* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the *total* number of lists (received from employers who sent them both in February and August as required by the Act) and of the entries of names of outworkers in these lists. They will, therefore, usually be double of the number of such employers and (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

‡ 2 Outworkers included in lists of other class of work.

** 2 ,, ,, ,, ,, ,,

6 ,, ,, ,, ,,

4.—REGISTERED WORKSHOPS.

Class.	Number.
Workshops on the Register (S. 131) at the end of the year:—	
Bags, Baskets, &c.	23
Clothing Boots.	595
Coaches, Cycles, Harness, &c.	52
Coopers, &c.	26
Fish Curers.	56
Food, Drink, &c. (Bakers, Confectioners, &c.)	154
Furniture, Pianos, Brushes, &c.	90
Joiners, Plumbers, &c.	127
Laundries, Cleaners, &c.	12
Iron, Tin, Wire, &c.	73
Ships, Boats, Ropes, Sails and Nets.	36
Watches, Jewellery. &c.	38
Sundry other Trades.	98
Total number of workshops on Register	1380

5. OTHER MATTERS.

Class.		Number
Matters notified to H.M. Inspectors of Factories:—		
Failure to affix Abstract of the Factory and Workshop Act (S. 133) (including new Workshops in which protected persons were found employed, and Domestic Workshops)		114
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	Notified by H.M. Inspector	58
	Reports (of action taken) sent to H.M. Inspector	46
Other		—
Underground Bakehouses (S. 101):—		
Certificates granted during the year		—
In use at the end of the year		—

PROSECUTIONS INSTITUTED UNDER THE SHOPS, &c., ACTS.

Offence.	No of Cases.	Results.
Shops Act, 1912 :—		
Failing to exhibit notice as to hours of employment of young persons.	1	1 conviction. Fined 6s., including costs.
Failing to close shop on one half day per week : failing to close on the afternoon fixed for the weekly half-holiday.	8	8 convictions. Total fines £4 2s. 6d., including costs.
Assault on inspector whilst on duty.	2	2 convictions. Total fines £2, including costs.
Butchers' Shops Closing order :—		
Keeping shop open after closing hour.	1	1 conviction. Fined 3s. 6d., including costs.
Hairdressers' and Barbers' Closing Order :—		
Failing to affix notice as required by Clause 3 (Mixed Shops Notice).	3	3 convictions. Total fines £1 17s. 6d., including costs.
Employment of Children Act, 1903 :—		
Contravention of Byelaw 6 (1).	2	2 convictions. Total fines £3 15s., including costs.
Public Health Acts Amendment, 1890 :—		
Failing to comply with notice to provide sufficient and suitable sanitary accommodation.	1	1 conviction. Fined 19s., including costs.
Rag Flock Act :—		
Having in possession, for purposes of sale, rag flock not conforming to L. G. B. Regulations.	1	1 conviction. Fined £1 including costs.

WORKSHOPS AND WORKPLACES

Table shewing the trades, number of workshops and workplaces at present on the register, and number of each sex employed when first inspected.

TRADES.	Number of Workshops.	Hands Employed	
		Males.	Females.
WORKSHOPS—			
Art Needle Workers	7	—	21
Bag Repairers......	10	14	106
Bakers	116	175	70
Basket Makers.....	13	31	—
Boat Builders	9	60	—
Boot Repairers ...	106	249	—
Bottlers of Beer, &c.	9	33	—
Brush Makers	7	34	1
Cabinet Makers ...	29	70	2
Chair Makers	2	45	—
Coach Builders ...	2	19	—
Confectioners	17	38	33
Coopers.............	25	131	—
Cork Cutters	1	2	—
Cycle Repairers ...	25	—	63
Dressmakers.........	187	9	1416
Egg Sorters	10	15	41
Firewood Cutters...	6	10	6
Fish-Curers	56	429	511
Fish Kit Makers...	1	3	—
Hosiery Knitters...	4	—	13
Joiners	63	209	—
Lath Renders	1	5	—
Laundries	12	9	26
Leather Curriers ..	2	1	1
Maltsters	2	9	—
Marble Masons ...	2	3	1
Mast & Block M'k'rs	1	3	—
Milliners	63	—	319
Netbraiders	5	1	181
Painters	9	11	—
Picture Frame Makers	10	23	—
Polishers	13	53	—
Plumbers	49	197	—
Rag Sorters	9	15	26
Carried forward	883	1942	2900
Brought forward	883	1942	2900
Rope Walks	6	23	—
Saddlers	13	33	—
Sailmakers	10	21	—
Shirt Makers	1	—	7
Slippermakers......	2	8	3
Smiths	41	129	—
Stoneworks	5	25	—
Tailors	225	438	473
Tinsmiths	30	83	—
Upholsterers	16	53	24
Venetian Blind Makers	4	11	4
Watch and Clock Makers	38	61	17
Weighing Machine Makers	6	24	—
Wheelwrights	10	41	—
Wireworkers	2	5	—
Wood Carvers	3	9	—
Sundry Trades......	85	257	101
Totals...	1380	3166	3529
WORKPLACES—			
Restaurant & Hotel Kitchens.........	100	84	304
Sundry Workplaces	14	36	12
Totals ...	114	120	316
Grand Totals :—			
Workshops	1380	3166	3529
Workplaces	111	120	316
	1491	3286	3815

COMPLAINTS RECEIVED FROM H.M. INSPECTOR OF FACTORIES.

Nature of Complaint.	No. of complaints received.	No. of complaints remedied.	No. of complaints received, being dealt with.	No. of outstanding complaints dealt with.	Remarks.
Defective, unsuitable or foul sanitary conveniences	19	17	2	9	3—Matter already in hand
Insufficient sanitary accommodation ...	6	4	2	5	Two—Complaints not upheld. Two—Matter already in hand.
Not proper separate sanitary accommodation for sexes	2	2	—	—	One—Matter already in hand.
Workshop not kept in a cleanly condition or limewashing required	16	13	3	6	Three—Matter already in hand
Dilapidated premises	—	—	—	—	
Inadequate means of escape in case of fire	3	3	—	2	
Overcrowding	3	3	—	—	One—Matter already in hand.
Drainage of floors (fish house)	1	—	1	1	

Nature of Complaint	No. of complaints received.	No. of complaints remedied.	No. of complaints received, being dealt with.	No. of outstanding complaints dealt with.	Remarks.
W.C. not separated from workrooms by intervening ventilated space ...	2	—	2	—	One—matter already in hand.
Defective yard surface	—	—	—	1	
Defective Ceiling	—	—	—	2	
Effluvium nuisance in workshop ...	6	4	2	1	Two—matter already in hand.
Totals	58	46	12	27	

ANNUAL REPORT

OF THE

TUBERCULOSIS DISPENSARIES.

1914-15.

TUBERCULOSIS DISPENSARIES,

1914-15.

REPORT OF

DR. MEYER COHEN,

SENIOR TUBERCULOSIS OFFICER.

The functions of the Tuberculosis Dispensaries might, with advantage, be concisely recalled. The Dispensary should be :—

1. (1) A centre where the manifold aspects of Tuberculosis can be comprehensively handled.
2. (2) A centre for information regarding the nature of Tuberculosis, the means of prevention and treatment. Leaflets on the prevention of Tuberculosis, on its treatment, on the care of children below and of school age, &c., are given to patients.
3. (3) A centre of diagnosis, not only of cases visiting the Dispensaries or sent there, but also of those coming in contact with these cases.
4. (4) As a clearing-house and observation centre.

The Dispensaries may be regarded as a link between the patient and the Residential Institution—the Institution may be either a Hospital or a Sanatorium. Many cases, of course, do not go beyond the Dispensary. As the central unit of the complete chain for the treatment of Tuberculosis, the Dispensary has a very important position and a wide scope. It connects up all the various offshoots, a diagram of which is given later in this Report.

The number of new patients applying this year have been slighter greater than last year.

Many more cases, in whom there may be some doubt as to the presence of Tuberculosis, are now sent by the Doctors to the Dispensaries in order that these cases may be kept under better observation, and a more definite opinion obtained as to their diagnosis. Besides this, a much greater number of people come to the Dispensaries of their own accord. In other words, the functions of the Dispensaries have become much better known to the public and to the Medical Practitioners. We have, in this way, discovered several early cases who have been placed under appropriate treatment with beneficial results. Both these are interesting and important features, but they do not go far enough. It is to be hoped that soon every case of Tuberculosis notified, and every case suspected of Tuberculosis will come directly under the influence of the Dispensary.

Contacts have again been freely examined. The numbers are given in the Tables. Very little, if any, difficulty has been found in persuading contacts to attend the Dispensaries for examination.

Co-operation with other Departments.—Close co-operation is maintained with the Medical Officer of Health's Department. The assistance of this department is readily granted to rectify nuisances, such as overcrowding. In all cases of death, removal or entry into Sanatoria, the Medical Officer's Department has been notified from the Dispensaries, and disinfection has been carried out. From the Guildhall, there has been sent to us daily a list of notified cases with, in some cases, lists of contacts of these notified cases wishing to be examined. These lists are kept and the contacts mentioned are written to at the earliest opportunity and requested to attend one of the Dispensaries. The Medical Officer's Department still carries out the investigation of notifications sent directly to them.

Co-operation with the Medical Practitioners has been maintained in all cases of Insured patients, notice has been sent of the examination of the patient to the Panel Practitioner concerned, and he is notified as to the treatment recommended by me for his panel patient. In all cases of non-insured persons, enquiries have been made before the patient has been examined, as to whether or no he has been seen by a private practitioner within the last three months. Cases already under a practitioner and applying of their own accord have been sent back to their medical men to obtain permission to attend, and this permission has invariably been given.

Co-operation with other Institutions.—A few cases have been referred to the General Dispensary, Royal Infirmary and Children's Hospital for the treatment of tonsils and adenoids, for the treatment of surgical Tuberculosis, or of disease other than Tuberculosis. A much smaller number of cases have been referred to these Institutions this year, because of the provision of medicines for patients being made from these Dispensaries.

It is hoped that close co-operation will take place with the *New School Clinic.* Children have already been referred there from the Dispensaries, especially for the extraction of teeth. These cases have been attended to with great prompitude. Cases have also been sent to us for examination and report from the Clinic. After consultation with the Senior School Medical Officer, it has been arranged that School Certificates given by us should be for a definite period, that we should inform him of the cases of School age regularly under treatment here, and that all children in whom there is a suspicion of Tuberculosis should be sent to us for examination and report. Later, it is hoped that we shall be able to send to the Senior School Medical Officer a list of contacts of School children found by us to be definitely Tuberculosis. It will thus be possible to keep some form of special supervision on these contacts at School. Definite cases of Tuberculosis are of course excluded from School. In pre-tuberculous and suspicious children, discretion is used as to their attending School, with a bias always in favour of attendance. Unless there be distinct indication to the contrary, these children are sent to School because one realises that in the majority they are better there than running wild at home.

The administration of the Dispensaries has been carried out on lines practically identical with those given in detail in my first Report. During the year, however, I have had to lay down one afternoon per week at each Dispensary for the re-visits of old patients, as I found that these cases often crowded out the morning at the Dispensaries, giving me no time to investigate the new cases in detail. On these particular afternoons the waiting rooms at the Dispensaries become uncomfortably over-crowded, the usual attendance being anything from 60 to 80 people.

At the end of the year, medicines were given to children, and later, were also given to non-insured adults. These medicines consist chiefly of the food type, such as Malt and Cod-Liver Oil, Cod-Liver Oil Emulsion, &c., and simple forms of Cough Medicine. The giving of medicines has distinct advantages besides any actual and immediate benefit derived from them. It encourages regular attendance, and therefore gives enhanced powers of supervision. In the very great majority of cases, especially in the children, great benefit has been derived from these medicines. The cough and other symptoms improve, they gain weight and their appetites improve. In some of the poorest cases—a type that is unfortunately very prevalent amongst our patients—the Malt, Cod-Liver Oil or Emulsion is a welcome addition to their limited diet. The medicines are dispensed by the Nurses under my supervision.

The Nurses continue the strenuous work of visitation and re-visiting. The changes for the better in the houses of the patients are so marked in most cases, and the beneficial effects must be so obvious to anyone interested that I make no hesitation in repeating a table similar to the one I gave in my first Report :—

EXAMPLES OF HOUSING CHANGES.

Initials.	Sex.	Home Conditions on First Visit.	Change in Home Conditions consequent on Advice given by Visiting Nurse.	Conditions found on Subsequent Visits.
A.C.	M.	Patient in bed in small and badly ventilated living-room. Father of a family of four. A sheet of brown paper on the floor served as sputum-cup. Huge fire in room. Door and window shut. House generally dusty and untidy. Patient using family utensils.	Window had been made to open. Sputum outfit together with disinfectant, had been supplied. Room clean and tidy. Clothes washed separately. Own utensils being used. Patient sleeping under open window in living-room.	Windows kept open. Wife carries out instructions as far as possible. Patient exercising care with sputum.
J.S.	M.	Patient on chair-bed in small living-room, which is also occupied by Mother, who has been bedfast for last two years. The door and windows shut and big fire in room. Patient very ill and spitting on floor. Eating and drinking utensils common to family being used.	Patient removed to another room under open window. Mother conveyed to neighbour's house while living-room was thoroughly cleaned. Sputum outfit and disinfectant supplied. Separate utensils being used.	Improved condition continues. Patient taking all precautions. Windows kept open.
E.S.	F.	Patient very ill on couch in small living-room. Mother of a family of four. House much neglected on account of Mother's illness. Window and door shut. No precautions being taken. Utensils common to other members of family being used. Patient spitting into ordinary basin.	Mother had been conveyed into more airy room upstairs. Sputum outfit and disinfectant supplied. Window open. Generally, patient much cleaner and more comfortable, a neighbour having undertaken to attend to patient and home. Other utensils being used.	Windows remain open and disinfectant continues to be used. Rooms kept clean.

EXAMPLES OF HOUSING CHANGES.—Continued.

Initials.	Sex.	Home Conditions on First Visit.	Change in Home Conditions consequent on Advice given by Visiting Nurse.	Conditions found on Subsequent Visits.
A.P.	M.	Patient very ill in bed in corner of carpeted front room, crowded with furniture, long window curtains, also heavy door curtain. Blinds drawn halfway and windows very little open. Huge fire in room and patient spitting into open vessel, which contained no disinfectant, and using family eating and drinking utensils.	Curtains had been taken down. Carpet and all unnecessary furniture removed, blinds drawn up, window open halfway. Sputum outfit and disinfectant in use. Patient sleeping under open window.	Visits and advice appreciated. Windows kept open. Room scrupulously clean.
E.R.	F.	Patient—a child of five—a member of a family of seven. Mother and five children living in a house containing two rooms, and all sharing the same bedroom, with door and windows shut. Conditions altogether unhealthy. Patient eating and drinking out of utensils used by other members of family. No precautions being taken.	Removed after advice into larger house. Patient now occupies cot alone under open window. Separate utensils being used. Washing done apart from household clothes. Disinfectant used for cleaning purposes.	Mother continues to carry out instructions. Advice much appreciated. Windows kept open.
A S.	M.	Patient on couch under closed window in living-room of a three-roomed house. One of a family of five. Fire in room. Very little ventilation anywhere. Patient spitting into fire.	Window which had been shut for some months made to open. Patient supplied with sputum flask and disinfectant. Separate utensils being used. Washing done separately.	Instructions carried out. This patient is now living in the country.

A Report is awaiting consideration by a Special Sub-Committee as to the hours of the work of the Nurses, and the advisability of the employment of another Nurse.

In respect of the work of the Nurses, a very important feature is that of following-up. Among the number of patients under observation at the Dispensaries a small proportion will fail to attend when requested to do so. Letters are sent to these patients, and if they still fail to come an early visit is paid by the Nurse. By this means, a majority of these cases are again brought into touch with the Dispensaries. The failure to attend may be due to relapse, and in these cases patients are visited and re-visited.

There has been added to the equipment of the Dispensaries the following number of surgical appliances :—

2 Water-beds.	6 Bed-slippers.
4 Bed-rests.	1 doz. Hot-water Bottles.
6 Air-cushions.	48 Blankets.

These have been in constant use and have been a great boon and source of comfort to those patients to whom they have been lent. In every case the greatest care has been taken of these by the patient and in no case has loss or damage occurred. The bed-rests, air-cushions and water-beds are cleaned by the patients and disinfected at the Dispensaries. The bed-slippers are disinfected at the patients' houses. The blankets are disinfected at the disinfecting station.

Three shelters have been loaned out to those patients in whose gardens or backyards there was sufficient room to place them. These shelters were loaned out in turn to six different people. They were all continuously used and slept in even in Winter.

It is to be hoped that during the year 1915 the new Sanatorium will be opened. The added number of beds for all cases, non-insured and insured, and the erection of buildings specially adapted to the treatment of Tuberculosis will be a tremendous advance in the treatment of Tuberculosis in Hull. Sanatorium treatment in the City Hospital and elsewhere has yielded immediate results so advantageous in practically every case, advanced or early (except, of course, in a few hopelessly riddled with the disease), that one cannot but look forward with pleasure to the great benefit the Sanatorium will prove to the sufferers from this disease.

In 1914, under the auspices of the Insurance Committee, a popular Lecture on Tuberculosis was given at the City Hall. The hall was packed. There is no doubt that a great amount of good was done, and that the Lecture was one of the factors in the increase of personal application at the Dispensaries.

A Report was issued during 1914 by the Royal College of Physicians, dealing with the infectivity of Pulmonary Tuberculosis. It may be of interest to quote a summary of this Report, so that this infectivity may neither be over-rated nor under-estimated :—

REPORT OF THE INFECTIVITY OF TUBERCULOSIS.

1. Tuberculosis is an acquired disease, but certain constitutional types may be inherited which render the patient specially susceptible to infection, and there is reason to think that such susceptibility is an inherited character.

2. The infective agent is the tubercle bacillus. This may be contained in the various discharges and excreta of the patient, and especially in the sputum of those suffering from Pulmonary Tuberculosis. No discharge is infective unless it contains the tubercle bacillus.

3. Cases of Tuberculosis of bones, glands and internal organs from which there is no discharge or which do not furnish any excretion, and cases of arrested Pulmonary Tuberculosis, have never been proved to be infectious.

(By arrest is here meant that all the symptoms and physical signs of activity have disappeared, and the sputum has either ceased or no longer contains tubercle bacilli.)

4. The means by which tubercle bacilli may enter the body are :—

(*a*) *By inoculation* through a wound or abrasion of the skin. This has occasionally occurred to workers in laboratories, *post mortem* attendants, and others dealing with tuberculosis material, and is presumably the way in which lupus is acquired.

(*b*) *By inhalation.* Susceptible animals are readily infected by the inhalation of air containing tubercle bacilli, whether in droplets or suspended as fine dust, but in the spread of the disease among human beings the latter appear to be the more important means of infection. The sputum or other discharges, whether on soiled handerkchiefs, linen, garments or elsewhere, when dried, may become pulverised, and in this condition may be readily dispersed in the air of a room. That droplets of sputum are less important agents of infection is suggested by the fact that the incidence of consumption upon the staff, nurses, and others engaged in hospitals for the treatment of Tuberculosis disease, where all discharges are carefully disposed of, is not above the average in the general population.

(*c*) *By swallowing.* Dust infected by the tubercle bacillus may be conveyed to food and so enter the alimentary canal ; or infection may occur more directly in the act of kissing, or by consumptive and healthy persons using the same food utensils. As about 10 per cent. of the milk supplied to large cities contains tubercle bacilli derived from infected cows, this avenue of infection is particularly important in the case of children. The bovine tubercle bacillus is more commonly responsible for Tuberculosis in young children than in adults, but the proportion of cases due to it varies very much in different localities.

(*d*) There is no evidence that Tuberculosis can be conveyed to others, either by the breath alone or by emanations from patients, or by their garments, unless soiled by dried sputum or discharges.

5. The spread of Tuberculosis is favoured by uncleanliness, overcrowding and imperfect ventilation, and

is hindered by the opposite conditions. Experience in hospitals and other institutions where the following precautionary measures have been thoroughly carried out indicates that by such measures the risk of infection is reduced to a minimum, namely :—

(*a*) The careful disposal and disinfection of the sputum and other discharges.

(*b*) The disinfection or destruction of soiled handkerchiefs, clothes and linen.

(*c*) The removal of dust by frequent moist cleansing of the floors, walls, &c., of the rooms.

(*d*) The supply of abundant air space and free ventilation with fresh air.

No risk is incurred by living in the immediate neighbourhood of institutions for the treatment of Tuberculosis which are properly conducted.

EXAMINATION OF CONTACTS.

The Report for 1913-14 of the Medical Officer of the Local Government Board summarises the importance of the examination of contacts under the following heading :—

> "It frequently happens that the first notified case is not the first clinical case of Tuberculosis in a given family, and from the standpoint of prevention the detection of such earlier cases is important.
>
> "Examination of contacts frequently discovers patients in an earlier and more curable stage of disease than the notified patients. Until a much higher proportion of total cases of Tuberculosis than at present are recognised in this early stage, the number of patients who can be returned as 'cured' is not likely to be satisfactory.
>
> "All the home contacts of every notified case of Tuberculosis should be examined. This should be attempted on the notification of a case of non-pulmonary as well as of a case of pulmonary tuberculosis, as a case of non-pulmonary disease may have been infected by an unrecognised case of pulmonary tuberculosis in

> the family. So far as practicable, contacts may be asked to attend the Dispensary for examination. Many adults, however, will not trouble to do this, and it is therefore desirable to make arrangements for the examination of all contacts willing to be examined either at the Dispensary or in their own home."

ANALYSIS OF APPLICATIONS.

882 patients have applied for treatment or examination during the year, of whom 353 were contacts. The results of the examination of contacts showed them to fall within the following classification :—

Definitely Tubercular	19
Probably Tubercular	23
Suspected of Tuberculosis	52
Non-Tubercular	241
Suffering from disease other than Tuberculosis	7
Tuberculosis of organs other than the Lungs	11

The percentage of definite cases is small. This is accounted for by the fact that all contacts—well, or in poor health—are examined.

A Contact Register is now being kept in which the names of all contacts are placed—both those of the Dispensary and those of cases notified to the Guildhall.

CLASSIFICATION OF PATIENTS ACCORDING TO THE CONDITION OF LUNGS.

In this report I again use the classification on the lines of the Turban Scheme, given in detail in my first report. Roughly, this classification is as follows :—

A. Early cases with disease limited to a portion of one lobe.

B. Definite signs involving a portion of two lobes or the whole of one lobe.

C. Those with definite signs extending beyond the above.

In other words, "A" can be taken to signify early cases ; "B," moderately advanced cases ; "C," advanced cases.

Under this heading the analysis of the cases other than contacts is as follows :—

A	14
B	52
C	174
Indefinite signs, but probably Tuberculosis ..	35
Indefinite signs, but suspicious of Tuberculosis	70
Non-Tubercular	84
Indefinite signs. Diagnosis of definite Tuberculosis based on the occurrence of Hæmorrhage in the sputum, *i.e.*, coughing of blood	21
Indefinite signs. Diagnosis of Tuberculosis based on the occurrence of Tuberculosis Bacilli in the sputum	6
Diseases other than Tuberculosis	24
Tuberculosis of the Glands	48
Not examined	1
	519

The total number of ordinary cases and contacts found to have indefinite signs was 180. These are the cases especially referred to in the following extract :—

> "From a practical point of view, the problem with which Dispensary Officers are concerned is to differentiate between persons presenting evidence of Tuberculosis necessitating treatment for cure, and other persons, who probably will never manifest any clinical evidence of Tuberculosis if kept under occasional observation, but not treated. For the present no dividing line can be drawn between these two groups. Until it can be approximately ascertained, it is wise to give patients about whom there is doubt the benefit of the doubt, and to treat them."—*Report of Medical Officer to Local Government Board*, 1913–14.

CLASSIFICATION OF PATIENTS ACCORDING TO AGE AND SEX.

Adults.			Children under 15.		
Male.	Female.	Total.	Male.	Female.	Total.
173	172	345	242	295	537

HOSPITAL ACCOMMODATION.

The number of beds at disposal this year for insured cases has been very greatly increased as compared with 1913. At one time there were as many as 47 patients in various Sanatoria. The results this year have again been very good and gratifying.

In the following table :—

"Arrest" signifies—General health restored in every respect. Lung disease completely arrested, there being no physical signs present, or only such as are compatible with a completely healed lesion. Sputum, if still existing, free from tubercle bacilli.

"Much Improved" signifies—General health completely restored. Physical signs in the lungs, though much diminished, not entirely cleared up. Tubercle bacilli still to be detected in the sputum.

"Improved" signifies—General health, though improved, only imperfectly restored. Physical signs, though less marked than at the beginning, still present.

"Stationary" signifies—No appreciable improvement in physical signs or in general health.

"Worse" signifies—Deterioration of general or of local condition or of both.

SANATORIUM TREATMENT.

City Hospital.

In Hospital on December 31st, 1913	23
Do. do. 1914	20
Admitted during 1914	96
Discharged do.	99

IMMEDIATE RESULTS OF SANATORIUM TREATMENT.

Condition on Discharge :—

Arrested	4
Much Improved	35
Improved	22
Slightly Improved	7
In statu quo	6
Worse	10
Died	15

CASES IN OTHER SANATORIA.

	Men.	Women.	Total.
On December 31st, 1913	2	4	6
Do. 1914	6	10	16
No. of persons admitted during 1914	22	31	53
Do. discharged do.	18	25	43

IMMEDIATE RESULTS.

Condition on Discharge :—

	Men.	Women.
Arrested	6	3
Much Improved	2	3
Improved	10	15
Worse	—	1
In statu quo	—	2
Died	—	—

These results are good. They are particularly good with regard to those patients sent to the City Hospital. Many of these are very advanced cases in bad general condition, sent to the Sanatorium not so much with a prospect of permanent improvement, as for the purpose of educational treatment, or in some cases for isolation purposes only.

To quote the words of Dr. Newsholme :—

> "The Sanatorium treatment of the consumptive may be directed towards the cure of the consumptive, or towards such amelioration of the patient and incidental training as may be practicable in a shorter stay than is required for his cure. In actual experience a large proportion of poor patients cannot be cured at the stage at which their disease is first recognised without treatment which is so protracted and so large in amount when attempted for a large number of patients, as to be outside the range of present practical administration."

At the end of the year our records show the following condition in those patients discharged up to about October :

At work, well	22
Do. maintaining fair condition	31
Do. improved, but later retrogressed	8

Not at work, but well		3
Do.	maintaining fair condition	19
Do.	condition stationary	2
Do.	retrogressed	20
Died		13
Unknown		4
Left the town		5
Enlisted		8

Three discharged patients have been taken into employment at the Sanatorium as temporary porters.

TUBERCULIN TREATMENT.

There were during the year placed on injections 124 people. Of those who had a prolonged course during 1914, the results were as follows :—

Arrested	6
Much Improved	19
Improved	32
In statu quo	11
Worse	6

Several are still continuing the injections.

The results given above cannot be placed entirely to the credit of Tuberculin. In the majority of cases Tuberculin Injections were combined with other forms of treatment, such as Sanatorium and General Treatment. Much discussion still rages round the question of the beneficial effects of Tuberculin, and no definite scientific opinion can yet be laid down. Dr. Bardswell, after numerous experiments at Midhurst Sanatorium, carried out in a scientific manner, lays down the following provisional conclusions :—

1. Tuberculin as at present used is not a remedial agent which can be depended on to revolutionize either our sanatorium results or our conception of the outlook for the average consumptive.

2. The cases which may be expected to respond at least not unfavourably to Tuberculin are those with a

good outlook which have reacted well to general hygienic measures, and show evidence of constitutional vigour and recuperative power.

3. In a considerable number of cases Tuberculin, so far as can be judged from immediate clinical results, has no obvious influence on the lesions.

4. Tuberculin cannot be looked on as a means whereby an unfavourable case can be converted into a favourable one or as likely to turn the scale in the patient's favour when his progress is doubtful, and certainly not when it is definitely retrogressive.

5. Tuberculin is not suitable for routine administration, and its indiscriminate and careless use on a large scale can only end in harm.

Treatment by Tuberculin does not by any means predominate as the first factor in treatment in the Dispensaries in Hull. The systematic regularity of the patient's life, his exercise, work and food, &c., and the treatment of suspicious symptoms as they arise, constitute a form of treatment which is not neglected.

GENERAL TREATMENT.

73 patients were placed on general medicinal treatment during the year 1914.

NURSES' VISITS.

The total number of visits paid by the Nurses during the year was 3,620.

RE-EXAMINATIONS.

These have been more numerous this year. The total number of patients re-examined during the year was 490.

The total number of complete chest examinations, therefore, was 1,372.

SPUTUM.

343 specimens of sputum were sent to the City Analyst to be examined. Of these, 134 were positive for the tubercle bacillus, and 209 were negative. Of the total number, 134 were re-examinations.

Great importance is placed in the Report of the Medical Officer of the Local Government Board upon the classification of patients from the standpoint as to whether the sputum contains tubercle bacilli or not. Patients showing large numbers of tubercle bacilli in the sputum are more likely than other patients to spread infection. That is why treatment of these cases in a hospital is desirable unless the family circumstances render infection unlikely. Such hospital treatment is especially desirable if the patient has not previously been in a Sanatorium. The importance in relation to prognosis of the tracing of tubercle bacilli in the sputum is illustrated by the facts given by Dr. Forbes, of Brighton, in his report for 1913. He analyses the after-history of Sanatorium-treated cases four years after leaving the Institution. Of 384 such cases whose sputum contained tubercle bacilli, 14 per cent. were alive at the end of four years. Of 148, in whose sputum bacillus was not found, 55 per cent. were alive at the end of four years.

ATTENDANCES AT THE DISPENSARIES.

The following table shows the attendance at the Dispensaries during the various months:—

	Attendances at Dispensaries.	Contacts Examined.	Visits paid by Dr. Cohen.	Visits paid by Nurses.
January	502	20	8	404
February	625	29	5	320
March	680	32	10	294
April	495	39	2	354
May	579	19	5	332
June	598	26	5	283
July	601	26	2	364
August	575	36	2	169
September	675	16	3	284
October	884	35	5	337
November	739	26	2	234
December	644	49	16	245
Totals	7579	353	65	3620

The average number per month of Insured Patients supplied by the Insurance Committee with Milk and Eggs was 41.

OCCUPATIONS OF PATIENTS OVER 15, FOUND TO BE SUFFERING FROM TUBERCULOSIS.

Occupation.	No. of Patients.	Occupation.	No. of Patients.
House Duties	49	Mechanic	1
Canvas-layer	1	Blacksmith	2
Rope-worker	1	Police Constable	1
Marine Store Helper	1	Hairdresser	2
Butcher	1	Chemist	1
General Labourer	32	Typist	1
Stone-Mason	3	Billposter	1
Coal-tipper	1	Fitter	1
Engineer	1	Motor-driver	1
Caretaker	1	Sewerman	1
Iron-turner	1	Carwasher	1
Domestic Servant	11	Gardener	1
Traveller	2	Factory Hand	1
Seaman	9	Oilmiller	2
Clerk	7	Bottle-Washer	1
Shop Assistant	4	Dustman	1
Railwayman	6	Grocer's Porter	1
Coppersmith's		Tinworker	3
Labourer	1	Cycle Repairer	1
Shoemaker	1	Cook	1
Dressmaker	4	Glazier	1
Painter	1	Black-lead Worker	1
Charwoman	6	Bricklayer	2
Platelayer	1	Joiner	4
Baker	1	Night Watchman	1
Dock Labourer	2	Boiler-maker	1
School Teacher	5	Barman	1
Barmaid	1	Conductor	1
Laundress	2	Chair-maker	1
Fruit Porter	1	Rivetter	1
Boilermaker's Scaler	1	Book-binder	1
Fisherman	4	Sawyer	1
Packer	4	Tailoress	1
Warehouseman	2	Machinist	3
Postman	2	Factory hand	1
Fish-house Foreman	1	Stevedore	1
N. E. Fireman	1	Publican	1
Confectioner's		Lighterman	1
Assistant	2	Shiprigger	1

I beg just to mention the lines on which the Dispensary Scheme will need development. This development cannot, unfortunately, be actively carried on during the present crisis, but it will need careful consideration in the future. The accompanying well known diagram of Sir Robert Phillips', amplified by Dr. Ferguson, of York, shows at a glance all the factors in a complete anti-tubercular scheme, and their relation to one another. Those factors already at work in Hull are shown in the line circles. Those which need development are shown in the dotted circles :

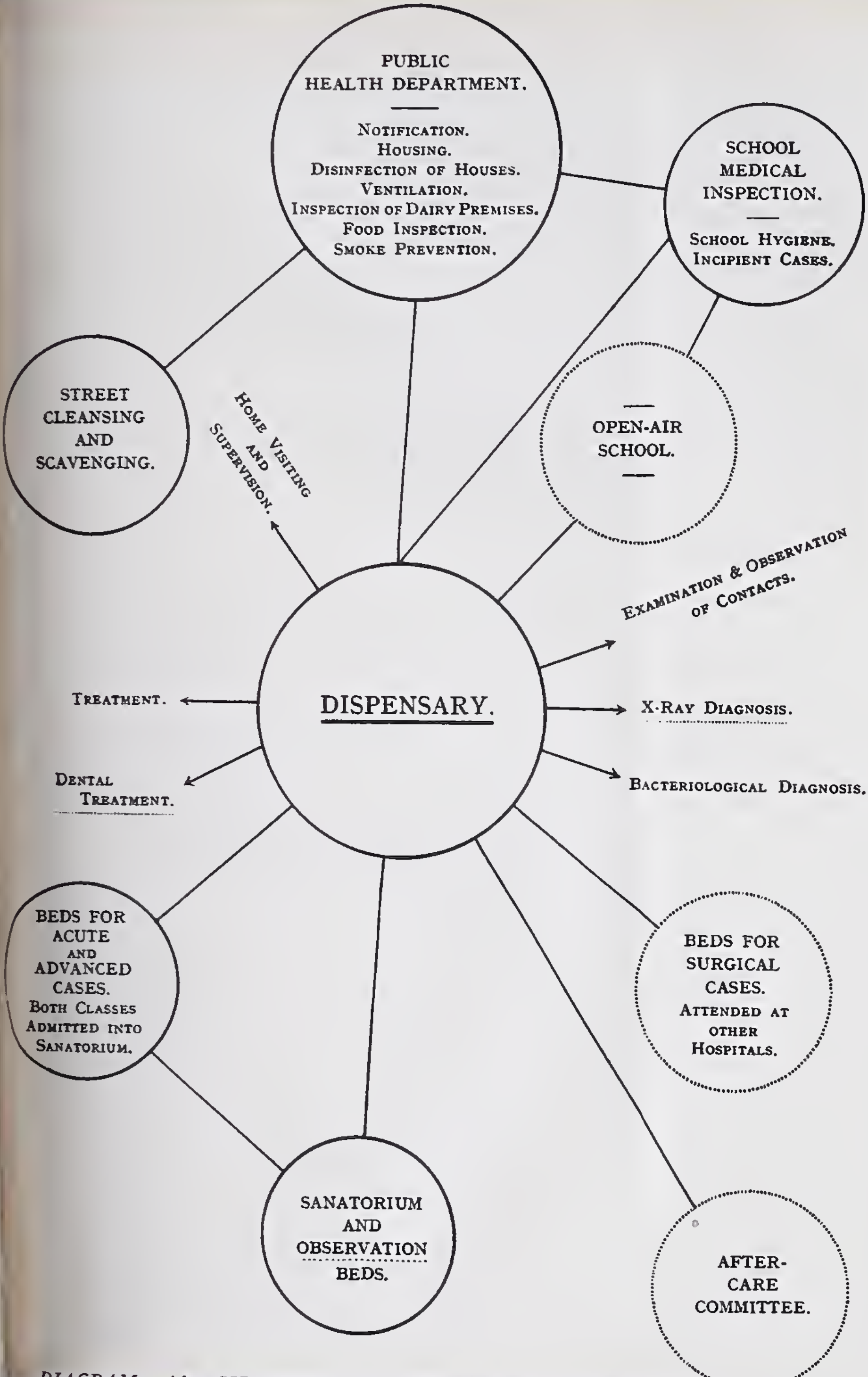
PUBLIC HEALTH DEPARTMENT.
Notification.
Housing.
Disinfection of Houses.
Ventilation.
Inspection of Dairy Premises.
Food Inspection.
Smoke Prevention.
SCHOOL MEDICAL INSPECTION.
School Hygiene.
Incipient Cases.
STREET CLEANSING AND SCAVENGING.
Home Visiting and Supervision.
OPEN-AIR SCHOOL.
Examination & Observation of Contacts.
DISPENSARY.
Treatment.
X-Ray Diagnosis.
Dental Treatment.
Bacteriological Diagnosis.
BEDS FOR ACUTE AND ADVANCED CASES.
Both Classes Admitted into Sanatorium.
BEDS FOR SURGICAL CASES.
Attended at other Hospitals.
SANATORIUM AND OBSERVATION BEDS.
AFTER-CARE COMMITTEE.

DIAGRAM. After SIR ROBERT PHILIP (modified by Dr. Ferguson).

HEALTH DEPARTMENT.

Summary of Receipts and Payments for the year ended 31st March, 1915.

	Payments.			Receipts.			Net Payments.		
	£	s	d	£	s	d	£	s	d
District Fund:—									
Nightsoil Collection ..	14435	16	6	2268	9	10	12167	6	8
Refuse Collection	8099	17	2	57	4	11	8042	12	3
Cart Works	1330	15	2½	316	14	7	1014	0	7½
Destructors :—									
East	1063	19	2½	63	17	10	1000	1	4½
West	2826	14	5	397	5	7	2429	8	10
Notification of Infectious Diseases :—									
Compulsory	269	0	0	—			269	0	0
Voluntary	280	17	6	—			280	17	6
Mortuary	178	6	7	—			178	6	7
Health (Miscellaneous) ..	5021	18	1½	367	14	3	4654	3	10½
Housing	404	9	7	0	15	6	403	14	1
Disinfecting Station ..	632	6	10	203	8	4	428	18	6
Tuberculosis	1340	13	10	1136	15	5	203	18	5
Veterinary	272	2	8	15	0	0	257	2	8
City Fund:—									
City Laboratory	1007	13	2	70	17	10	936	15	4
Investigation of Atmospheric Pollution	9	1	6	—			9	1	6
Food and Drugs Act, 1875	76	17	0	68	15	6	8	1	6
Fertilisers and Feeding Stuffs Act, 1906 ..	0	13	10	—			0	13	10
Midwives Act, 1902 ..	190	4	8	—			190	4	8
Fabrics (Misdescription) Act, 1913	2	10	6	—			2	10	6
Shop Acts, 1912–13 ..	358	6	8	2	6	0	356	0	8
HOSPITALS :—									
City Hospital, Hedon Road	8237	13	6	2210	8	1	6027	5	5
Evan Fraser Hospital ..	2218	4	6½	330	3	1	1888	1	5½
	48258	3	0	7509	16	9	40748	6	3
Cottingham Hospital ..	379	15	1½	161	10	5	218	4	8½
	48637	18	1½	7671	7	2	40966	10	11½
RADIUM, Special Account	56	19	10	43	17	0	13	2	10

MEDICAL INSPECTION

OF

SCHOOL CHILDREN.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Report of

Dr. James W. Fraser, School Medical Officer.

Hull,
March 5, 1915.

Dear Sir,

My report on the work of the year 1914, being my Seventh Annual Report, deals with a year in which very considerable changes have taken place both in the work of the medical department and in the staff by whom that work is carried out.

The methods of medical inspection and the staff remained as described in last year's report, for the first nine months of the year, but by a resolution of the Elementary Education Sub-Committee of the date of January 21st, 1914, which was subsequently confirmed by the Education Committee and the City Council, it was resolved—

1. That the School Medical Service be reorganised, and arrangements made for the appointment of full-time officers, to commence at the beginning of the Medical Inspection Year (1st October, 1914).

2. That the present Senior School Medical Officer, Dr. J. W. Fraser, be appointed whole-time School Medical Officer, at a salary of £600 per annum.

3. That, with a view of securing complete co-ordination of the School Medical Service with the work of the Health Department, the approval of the Health Committee be sought to the proposal to regard the School Medical Officer as an Assistant Medical Officer of Health for Education purposes.

4. That, in addition to Dr. Maclean, the Committee will require the services of one other Assistant Medical Officer (man), and, possibly, a second, and recommend that a salary of £300 per annum be offered.

5. That all present agreements with Medical Officers be terminated at the close of the present Medical Inspection Year.

6. That the examination of eyesight and hearing, and the determination of height and weight, be included in the routine examination as from October next.

7. That an additional attendant be appointed so that each Medical Officer engaged in routine examination will have the assistance of an attendant.

8. That the general policy of developing a Central Clinic for inspection purposes, and all work in connection with the treatment of school children, should be adopted in preference to that of developing District Clinics.

9. That if the present Education Offices be rendered vacant by the removal of the Education Department to the Guildhall, they be used for the purposes of a Central Clinic.

10. That until the Education Offices are available for clinic purposes, accommodation for a dental and minor ailments clinic be rented somewhere in a central position.

11. That for a commencement one full-time dentist, at a commencing salary of £250 per annum, be appointed.

12. That, if possible, no charge be made for services rendered to school children at the clinic.

13. That an additional School Nurse be appointed.

14. That office accommodation for the School Medical Officer be provided at the Clinic.

15. That the question of X-Ray treatment for ringworm and the preparation of plans for an Open-Air School be deferred until the new School Medical Officer has been appointed.

16. That, in pursuance of the Resolution of the Education Committee (page 6 of the minutes), the Secretary forward a copy of the book "School Clinics" to each member of the Elementary Education Sub-Committee.

17. That the School Medical Officer and his Assistants be asked to make recommendations to the Provision of Meals Committee in cases where children are found by them to be suffering from want of proper or sufficient food.

These changes took effect on October 1st, and the work of the medical department for the last three months of the year was carried on on those lines.

Dr. Margaret Maclean, who had acted as whole-time Lady School Medical Officer since 1908, resigned her office on July 31st, 1914, and the engagements of the two part-time Lady School Medical Officers, Dr. S. L. Lewis and Dr. E. M. Townend, terminated on September 30th, 1914. I wish to place on record my indebtedness to these three ladies for the care and zeal with which they carried out their duties, and for the willingness with which they undertook any extra work which had to be allotted to them.

Dr. Enid Walters, School Medical Officer, Borough of Bromley, was appointed Lady Assistant School Medical Officer, and Dr. T. G. Rothwell, House Surgeon at the Kent County Ophthalmic Hospital, was appointed as Male Assistant School Medical Officer on June 16th, 1914.

Mr. W. Stanley Miller, L.D.S., School Dentist to the School Boards of the Districts of Dunnet and Keiss, Caithness, was appointed School Dentist on the same date.

In consequence of Dr. Maclean's resignation, Dr. Walters commenced duty on August 17th, 1914. Mr. Miller commenced duty on October 1st, and Dr. Rothwell should also have done so but the outbreak of war in August caused the entire honorary staff of the Kent County Ophthalmic Hospital to be called out for military service, leaving him in sole charge. The managers therefore asked that he might be allowed to continue in his house surgeoncy, the post under the Hull Education Committee being held open for him. To this the Committee agreed, and to carry on the work of the department appointed the former part-time medical officers to perform the routine and special inspections which had been allotted to Dr. Rothwell. These appointments were made on a basis that three of the part-time medical officers were each to make at least 160 routine inspections per month, and two of them were each to make at least 80 routine inspections per month, the engagements to be terminable by a fortnight's notice on either side. These appointments took effect on October 1st, 1914, and are still in force.

The routine inspections were allotted as follows :—The School Medical Officer inspects the boys at all the schools on admission, and the girls on admission at half the schools. The remainder of the girls on admission, and the girls at all the schools at other age periods, are inspected by the Lady Assistant School Medical Officer, and the remainder of the boys by the part-time Assistant School Medical Officers. Non-routine cases are seen by the School Medical Officer, who visits the department in which they occur, and the bulk of the special visits which are called for are paid by the School Medical Officer or the Lady Assistant; those to schools formerly allotted for this purpose to part-time Medical Officers continue to be paid by them. The routine of medical inspection described in former reports was not varied, except that after October 1st! In accordance with the instructions of the Board of Education, the weighing and measuring of the children, and the testing of sight and hearing, were performed by the School Medical Officers at the time of their routine visits instead of by the Head Teachers as heretofore. This addition to the duties of the School Medical Officers considerably increases the time necessary for the examination of each individual case and seems likely to make it difficult for the Lady Assistant School Medical Officer to overtake the inspection of all the girls allotted to her. The eyesight is tested by Snellen's type, and any child whose vision is found to be less than 6/12, who shows signs of eyestrain or who squints, is referred to the Inspection Clinic for examination by the School Medical Officer. The hearing is tested by the forced whisper at 20 feet, and any child who fails to hear the whisper at 5 feet is also referred to the Inspection Clinic to ascertain the cause.

The regular work of medical inspection has been carried out with a practical absence of friction the parents of only 42 children refusing to permit the inspection, and, on further explanation, the refusal being withdrawn in 13 of these cases, leaving 29 cases of sustained refusal—a considerably smaller number than in any previous year. The general medical management of the schools, *e.g.*, the exclusion and re-admission of children suffering from infectious diseases, and of those in contact with such children, caused no difficulty during the year.

As in 1913, this report is modelled as closely as possible on the lines laid down by the Chief Medical Officer to the Board of Education, in circular 582, and in his annual report for 1912, but even this year it has not been possible to give all the details required, because the report deals with a period of nine months, during which the old part-time arrangements continued, and a period of three months, during which certain new arrangements were made, and the work was carried out by a staff partly of whole-time officers and partly of temporary part-time officers. The work for 1915 has been so arranged that all the required particulars will be forthcoming.

Construction and sanitary arrangements.

No new schools were opened in 1914, nor are any under construction.

Alterations and Additions to Old Schools.

Three additional Classrooms have been built at Marfleet School.

The alterations have been completed at the Drypool Church of England School and St. Mark's Church of England School.

Side Lighting to Desks.

The desks of 27 classes at the following schools which received the light from the back have been refixed so as to receive the light from the side :—

Beverley Road Boys'	School	3	Classes.
Beverley Road Girls'	do.	3	do.
Blenkin Street Boys'	do.	6	do.
Buckingham Street Boys'	do.	3	do.
Buckingham Street Girls'	do.	3	do.
Chapman Street Boys'	do.	3	do.
Chapman Street Girls'	do. .. .	3	do.
Constable Street Boys'	do.	1	do.
Constable Street Girls'	do.	2	do.

The lighting of Classroom No. 1 at Lincoln Street Infants' School has been improved by fixing a large skylight in the roof.

In a similar way the lighting of the Main Room at Craven Street Junior School has been improved by fixing two skylights in the roof, and also Classroom No. 7 by fixing a large dormer window in the roof.

Ventilation.

The natural ventilation of 33 departments at the following Schools has been improved by the provision of opening casement windows and hopper ventilators.

Beverley Road Infants' School.
Blenkin Street Boys' and Malton Street Special Schools
Blundell Street Infants' School.
Buckingham Street Junior and Infants' Schools.

Chapman Street Infants' School.
Charterhouse Lane Infants' School.
Chiltern Street Junior and Infants' Schools.
Clifton Street Infants' School.
Constable Street Boys', Girls', Junior and Infants' Schools.
Courtney Street Boys', Girls', Junior and Infants' Schools.
Crowle Street Junior and Infants' Schools.
Daltry Street Boys', Girls', Junior and Infants' Schools.
Newland Avenue Boys', Girls', Junior and Infants' Schools.
Northumberland Avenue Boys', Girls', Junior and Infants' Schools.

Heating.

The heating of Thomas Stratten Infants' School has been supplemented by a low pressure hot water heating apparatus. A low pressure hot water heating apparatus has also been fixed at Marfleet School.

For this detailed statement I am indebted to Mr. T. Denton Brooks, the Surveyor to the Education Committee.

Methods and Staff.

The changes in these have been already detailed in the historical survey of the year on page 5. The groups of children examined are shown in Table I., and will be found to comprise all the age periods required by the Board of Education in Circular 823, even the 8-9 year group, the examination of which is not compulsory until after March 31st, 1915. The inter-communication between the Medical Officer of Health and the School Medical Officers continues to be free, and again has been specially so in the autumn, when, as was also the case last year, there was a considerable prevalence of Diphtheria. The School Medical Officer was appointed Assistant Medical Officer of Health for Education purposes on taking up his duties on October 1st. The Juvenile Labour Sub-Committee of the Labour Exchange continues to receive information from the School Medical Officers as to the unsuitability of special children for certain employments on the lines detailed in last year's report.

Number of visits.

The School Medical Officers made 2,511 visits to the various school departments for routine medical inspection, and inspected 17,452 children. The distribution of these as to age and sex is shown in Table I. The School Medical

Officers also, at these visits, made 3,798 non-routine examinations, including 1,711 re-examinations. There were also 14 children (9 boys and 5 girls) examined at the Osborne Street Centre for Deaf Children. The School Medical Officers also made 96 special visits to school departments to examine suspected cases of infectious disease, and examined 127 children. Both these numbers largely exceed those found in any year except 1913; and, again, the excess is caused by an outbreak of Diphtheria, and will be further referred to under the head of Infectious and Contagious Diseases (page 59). The Senior Medical Officer also, between January 1st and September 30th, paid 53 visits to various schools and departments and examined the eyesight and hearing of 1,328 children at these visits. Between October 1st and December 31st the School Medical Officer at various schools tested the sight and hearing by test type and the whisper test of 326 children between the ages of 6 and 7 years.

Children examined.

Owing to the difference between the medical examination year, which commences on October 1st, and the calendar year with which the report deals, it is again necessary to specify exactly the groups of children which became due for examination in 1914, and are dealt with in this report. These groups comprise :—

I. Children examined between January, 1914, and 30th September, 1914, being those of the following classes who were not examined between 1st October, 1913, and 31st December, 1913 :—

(*a*) Children commencing school life between 1st October, 1913, and 30th September, 1914.

(*b*) Children who were between the ages of 8 and 9 years on 30th September, 1913. (Children who had been examined at the 7–8 year period in the year ending 30th September, 1913, were not examined at the 8–9 year period in the year ending 30th September, 1914.)

(*c*) Children who attained the age of 12 years between 1st January, 1914, and 30th September, 1914, the examination being made as far as possible in the month in which the birthday occurred.

(*d*) Children who attained the age of 13 years or over between 1st January, 1914, and 30th September, 1914, and had not been examined on attaining the age of 12 years.

II. Children examined between 1st October, 1914 and 31st December, 1914, being a part of the following classes:—

(*a*) Children commencing school life between 1st October, 1914, and 31st December, 1914.

(*b*) Children who were between the ages of 8 and 9 years on 30th September, 1914.

(*c*) Children who attained the age of 12 years between 1st October, 1914, and 31st December, 1914; the examination as above being made, if possible, in the month in which the birthday occurred.

(*d*) Children who attained the age of 13 or over between 1st October, 1914, and 31st December, 1914, and had not already been examined on attaining the age of 12 years.

Any children coming under the various heads of Class II. who were not examined before 31st December, 1914, will be examined in 1915, and the results of this examination will be tabulated in the report for 1915. The sight and hearing of children is not examined until they attain the age of 6 years.

Re-examination. The re-examination registers contain the names of 1,441 children selected for further examination, and of these children 1,714 examinations were made, 220 children being marked as absent on the day when the School Medical Officers visited the school. The number of names in the registers is smaller than last year, and this diminution may be expected to continue, as the School Medical Officers prefer in many cases to have the re-examination made at the Inspection Clinic, which offers facilities not to be found on the school premises. As, however, cases in which the parents are notified that treatment is necessary are entered in the re-examination register so that it may be ascertained that effective treatment is obtained, the register will not be abolished by the institution of the Inspection Clinic.

As in former years, ringworm and infectious eye diseases are responsible for more than one-third of the names entered in the register, and these diseases will be again referred to later.

Notice to parents. The School Medical Officers issued notices to parents calling their attention to the diseases and defects found on inspecting the children in 2,475 cases. If each child received only one notice, this gives a percentage of 14·18.

which is a considerable actual and percentage reduction on the number issued last year.

The School Dentist, however, issued 676 notices to the parents of the children whose teeth he examined, and if these be added to the above number the total is 3,151, and the percentage 18·05. The numbers and percentages as divided between boys and girls were, for the School Medical Officers' notices, for the boys 873 (10·03%), and for the girls 1,602 (18·3%). In these figures there is a slight actual and percentage increase for the boys and a larger actual and percentage decrease for the girls on last year. If the School Dentist's notices are added to those issued by the Medical Officers it gives 1,218 notices for the boys (14%) and 1,933 for the girls (22·09%).

In the three months that the Dental Clinic has been established it has only been possible for the School Dentist to visit 8 schools, and at those only to examine the teeth of children between 6 and 7 years of age, and yet he found it necessary to issue 676 notices to parents respecting the teeth of these children. These with the notices issued by School Medical Officers, make a total of 939 out of the grand total of 3,151, and the number issued by the School Medical Officers might easily have been enormously increased if there had been any possibility that treatment could be obtained. As these 8 schools have kept the School Dentist in full work for three months, it is obvious that, even continuing only to attack the problem of the children of 6 7 years of age, it will take him more than two years to make the circuit of the schools, and that during that time two other sets of children will have attained the age for inspection.

Deducting the notices in respect of teeth and comparing the remainder with last year, there is a considerable reduction in the total number issued, viz., 731—a slight reduction (82) in those issued respecting boys and a considerable reduction (649) in those respecting girls.

Nineteen hundred and sixty-eight of these notices were served by the nurses, who visited the parents, explained the methods of obtaining treatment and followed up the case in the manner described in the Annual Report for 1911 (which will be again referred to on page 46), leaving 1,183 notices issued respecting less urgent conditions, which were either given to the parent, if present, or sent by the children. Treatment was obtained in 98·96% of the cases in which the notices were served by the nurses, only 14 parents refusing or neglecting to obtain it.

Heights and weight.

Table III. shows the average height and weight at each of the ages of examination for boys and girls respectively. Compared with last year, the boys are slightly taller at all the age periods, except at 12, 13 and 14 years, but the girls are only taller at the first two age periods, 5 years and 6 years, and are the same height as last year at 12 years, being smaller at all the other periods. As to weight, both boys and girls are heavier at three age periods and lighter at four than they were last year, the heavier periods being for the boys 5, 8 and 15 years, for the girls 6, 8 and 14 years.

Nutrition.

The elusive subject of the estimation of nutrition still shows some signs of a rise of standard in the minds of the School Medical Officers for while the percentage estimated as normal is almost exactly the same as last year, 73·43 %, as against 73·02%; this similarity does not extend to the other heads, for an increase from 14·12% last year to 16·18% this year in the numbers estimated as "below normal" is counterbalanced by a decrease from 12·59% to 9·95% among those estimated as "good." This decrease occurs among the boys, there being only 13·10% estimated as good, as against 19·49% last year, while there is a slight increase in the same class among the girls from 5·44% to 6·83%. The total increase in the "below normal" class occurs also among the boys, while the number among the girls is practically stationary, 19·08% this year, and 19·11% last. It would, therefore, seem that the decrease in the "good" class, and the increase in the "below normal" depends really upon a rise in the standard among the School Medical Officers examining the boys, and is not founded on a real lowering of condition in the School population. If any general condition, such as privation owing to the war, had been in operation it would have shown its effect on both sexes, instead of being confined to the boys.

The number of either sex returned as "bad" is practically negligible, but it is to be noted, in continuance of the above argument, that, though the percentage of the two classes "below normal" and "bad," taken together, is among the boys 4·16 more than it was last year, that of the girls is practically the same, being only ·31 larger.

Personal history.

The personal history found in the record sheets shows no new facts. It is shown, as has been noted in every former report, that over half of the entrants—3,585 children—have suffered from measles before ever attending school: that about one-third (1,754) have suffered from whooping cough, and rather fewer (1,104) from chicken pox, and that, in the whole of their school life, only about one-third as many more contract measles, and even smaller numbers contract whooping cough or chicken-pox. It is obvious, therefore, that the schools are not the chief channels of infection in these diseases.

Diseases and defects.

These are classified in Table IV. in a manner as closely as possible following the model report printed as Appendix J to the annual report for 1912 of the Chief Medical Officer to the Board of Education. The reasons that there are certain divergencies have already been stated. The headings in the Report, however, follow those given in the Schedule to Circular 582 of the Board of Education, and the order in which the subjects are taken, therefore, differs from that in the Table.

Teeth.

These are, as last year, tabulated as "3-5 decayed," "more than 5 decayed," and "oral sepsis." Next year it will be possible to state the number where all the teeth are "sound," the number which have "less than 4 decayed," the number which have "more than 4 decayed," and the number who suffer from oral sepsis. This year the total percentage found on routine inspection by the School Medical Officers with 3-5 teeth decayed is 24·34, and with 6 or more, 3·64, comparing with 17·77 for the former group, and 4·77 for the latter last year. These figures do not include those found by the School Dentist, whose report is printed on page 57.

Diseases of the nose and throat.

Three thousand six hundred and twenty-four children, 20·76% (1,659 boys, 19·08%, and 1,965 girls, 22·15%) were returned as suffering from enlarged tonsils, but as only 479 notices to parents were issued in respect of this condition (123 to the parents of boys and 356 to the parents of girls), it is obvious that in 3,145 of the cases the School Medical Officers did not consider the condition serious. More than a third of the number occurs among the admission cases, among whom the number for the boys, 688, exceeds that for the girls, 613; at all other ages the number for the girls is the greater. Adenoids were reported to be present in about one-third as many cases as enlarged tonsils, viz., 1,225, 7·01% (453 boys, 5·21%, and 772 girls, 8·82%), and here again the condition cannot often have been considered serious by the School Medical Officers, for only 399 notices to parents were issued (106 for boys and 293 for girls).

Mouth breathing is noted in 701 cases, 4·01%. Three hundred and twenty-six children had had either their tonsils or adenoids, or both, removed, and of these 45 were admission cases, in whom the operation had been performed before the child commenced school attendance.

Enlarged lymphatic glands.

In 2,377 cases the lymphatic glands of the neck were reported to be enlarged. Under this head the number of cases in boys (1,593) greatly exceeds that among girls (784). In addition, 61 cases (·35%) are reported in which the glands were considered to be tubercular—10 among boys and 51 among girls.

Sight.

For the first 9 months of the year the methods of testing the sight, as already stated, remained the same as in former years, *i.e.*, the sight was tested by the teachers with Snellen's types, and all children whose vision did not equal 6/9 in both eyes (who could not read with each eye at 20 feet distance type which they should have been able to read at 30 feet) were submitted to the Senior Medical Officer at a special visit for retinoscopic and other examination. 1,328 children were so examined. In the last 3 months of the year the eyesight was examined by the School Medical Officers at their ordinary visits. Snellen's test types were used, and any child whose vision was not equal to 6/12 in both eyes (who could not read at 20 feet type which should be read at 40 feet) was referred to the School Clinic for retinoscopic and other examination, as also were any children with squint, or who, although they read the 40 feet type, showed signs of eye strain. The eyesight of the children was not examined on admission, but after they attained the age of 6 years, and the same applied to the hearing. Therefore the portion of Table IV. under the head of entrants, and referring to sight and hearing, refers to quite a different group of children to the rest of the Table, and no percentages are given, and the numbers with vision 6/6 and the percentages at the other age periods are calculated on the numbers of children other than entrants examined, viz., 5,794 boys and 6,015 girls —11,809 in all.

Compared with the results last year, which were calculated in the same manner, the proportion of children having absolutely perfect vision—6/6 (reading the 20 feet type with each eye at 20 feet distance)—shows a slight reduction, equal to about 3% in the right eye and to less than 2% in the left. But it must be remembered that the amount of defect represented by the vision being only equal to 6/9 instead of 6/6 is extremely trivial, and in by far the larger proportion of cases is never noticed until detected by critical examination. The numbers, however, who could not read the 30 feet type (whose vision was less than 6/9) have increased by about 2·5% as to the right eye and about 1·7% as to the left as compared with last year, with the effect that this year the percentage for either eye is the same, viz., 11·10, which is not the usual experience either in Hull or elsewhere, the left eye usually showing a greater average defect than the right. When the averages for either sex are compared it is found that, as last year in Hull, and as is usually the case elsewhere, the girls have a greater average of defect than the boys, the percentages being :—

		Boys.	Girls.
Vision=6/6	R.	60·51	55·37
	L.	60·04	55·49
Vision=6/9	R.	26·88	34·99
	L.	27·91	34·09
Vision=less than 6/9	R.	12·61	9·64
	L.	12·05	10·42

It is, however, to be noted that it is in the number of trivial defects that the girls gain their higher average. In the case of the more serious defects the boys are 3% worse than the girls in the right eye and over 2% in the left. This does not seem to point to fine sewing as the cause of the preponderance in the girls.

An examination of the refractive defects on which the reduction of vision to less than 6/9 depends shows that, as was to be expected, hypermetropic astigmatism is the most usual cause and that it is fairly equally divided between the sexes. Myopic astigmatism affects practically twice as many girls as boys, while myopia is about the same in both sexes. All the defects show a reduction in number at the 13-year period, which is caused by the number of children who have obtained suitable spectacles, and being thus able to read the test type at the required distance are not submitted for retinoscopic examination. Myopia is the defect which makes the greatest increase between the 8-year and the 12-year period among the boys, being nearly 10 times as prevalent at the latter as at the former period, and among the girls about 5 times. Among the children examined at the 6–7 years period only 2 eyes were found to be myopic ; among those examined at other periods 241 eyes.

Squint was found to be present in 120 cases—1·01% (65 boys, 1·12%, and 55 girls, ·91%)—decreasing progressively from one age period to the next, which indicates that suitable treatment, operative or otherwise, was obtained in a number of the cases. Of external eye disease 177 cases (1·00%) are recorded (63, ·72%, among boys and 114, 1·30%, among girls). In only 9 cases (·05%) corneal opacities of sufficient severity to reduce vision to less than 6/9 are recorded. This is half the percentage of last year, and there appears to be a steady decrease in the number of cases from year to year, pointing to a smaller prevalence or to better treatment of ophthalmia neonatorum.

Special investigation as to eye-strain and its distribution.

An investigation into the distribution of eye strain in the schools has been carried on by the School Medical Officer for the last three years, and its results may now be summarised.

Eye strain is a recognised factor in the production of myopia and myopic astigmatism and in increasing the degree of these defects where they already exist, and, therefore, if in any school, conditions causing eye strain are present that school will show a larger number than the average of cases in which children with normal eyes develop myopic defects, or those who already have some degree of defect develop a higher degree. These two defects, therefore, were taken as tests of the existence of eye strain and of its distribution. The eyes of every child whose vision did not equal 6/9, *i.e.*, who could not read at 20 feet distance type which ought to be read at 30 feet, were examined ophthalmoscopically by the School Medical Officer, and this was repeated when the child attained the next age period for examination. Every record sheet of a child who had been examined at two age periods, and in whom myopia or myopic astigmatism had been found at the later period, was tabulated as " unchanged " or " worse ; " as " unchanged " if the same defect was found at both examinations and the fraction representing the vision had not changed ; as " worse " if the defect had appeared since the former examination or had increased in amount, or if the fraction representing the vision had become smaller. The age periods at which the children were examined had varied during the three years, but may be classified as the 6–7 years period, the 7–9 years period, the 10–12 years period and the 13–14 years period. There were 40,942 children whose eyesight had been tested at two of these periods, and among them 1,413 eyes were found to be affected with either myopia or myopic astigmatism—633 with the former and 780 with the latter. As the figures throughout this section relate to the number of eyes affected, and not to the number of children who possess those eyes, the percentages are all calculated on the basis of two eyes per child, and thus the percentage of 1,413 defective eyes among 40,942 children is 1·73 (not 3·46)—of myopic eyes ·77, and of eyes with myopic astigmatism ·96. If the figures are taken for the sexes separately, but on the same basis, ·71% of the eyes of the boys showed myopia and ·80% myopic astigmatism, while ·82% of the eyes of the girls showed myopia and 1·10% myopic astigmatism, the percentage of girls affected with either defect being only slightly greater than that of the boys. These total numbers of these two defects must, however, be divided into the two classes of those whose defect remains unchanged between the examinations at two successive age periods and those whose defect becomes worse. These refractive defects do not improve whether treated or not, and are only corrected by spectacles, and therefore the total number can only be divided into the two classes, the "unchanged" and the "worse." The number with "unchanged" defect is 780, or ·95%, with "worse" defect 633, or ·77%, the percentages for the boys being "unchanged" ·83% and "worse" ·68%, and for the girls "unchanged" 1·08% and "worse" ·86%.

If the distribution into age periods be considered, it must be remembered that the eyes classified as "unchanged" at the 7–9 period belong to children who had also been examined at the age of 6–7 years and whose eyes had been found to be defective at that examination, and that, therefore, these defects cannot be attributed to the effects of education, and are probably congenital in nature. They number 144 cases—60 among boys and 84 among girls. At each successive age period the number found "unchanged" would consist of these congenital cases, together with any eyes which had suffered from eye strain, but not progressively. It is, however, to the age distribution of the cases found to be "worse" that the chief interest attaches, for, as shown in the Table below, it is chiefly between the inspections at the 7–9 years and the 10–12 years periods that deterioration takes place.

Percentage of eyes found to be "worse" at each age period :—

	Boys.			Girls.		
	7–9 years.	10–12 years.	13–14 years.	7–9 years.	10–12 years.	13–14 years.
Myopia ..	·14	·74	·20	·10	·57	·42
Myopic Astigmatism	·28	·45	·20	·56	·59	·38
Total	·43	1·19	·41	·66	1·16	·80

It is seen from these figures that boys have more than double the tendency to acquire myopia between the second and third periods of inspection than they have in all the rest of their school life, while girls continue to acquire myopia to a considerable extent in the period between the third and last examinations. The figures for myopic astigmatism are similar to those for myopia, but do not show the same definite progression for girls. These figures may be taken to represent the normal increase of myopic defects in the school population of Hull during the last 3 years, but, as will be seen, this increase is irregularly distributed among the schools, some having more and some less.

Dr. Butterworth, School Medical Officer to the Education Committee of the Lancashire County Council, has investigated the incidence of myopia among school children on somewhat different lines, viz., as to the number of cases of myopia found among the children whose sight was defective enough to cause them to be submitted for the estimation of their refraction with a view to obtaining spectacles, and among 4,834 such children he found that the boys had myopia of the right eye in 12·6% and of the left in 12·8%, while the girls had the same defect in either eye—15%. He found practically no increase in the number of cases of myopia in children up to 8 years of age, and considers that the amount which exists up to that age is chiefly congenital, but that acquired myopia becomes common afterwards. Though arrived at from a different point of view, the conclusions expressed in this report confirm those of Dr. Butterworth, and have this advantage over his: that they all express the results of two examinations of the same child made at an interval of from 1–3 years, during which period the child's sight is known to have deteriorated. Incidentally, it may be noted that myopia appears to be more common in Hull than in Lancashire.

for the percentage of myopics among all the children whose refraction was tested in 1914 in Hull was 19·39, and the distribution was almost equal between the sexes.

The next point investigated was to find if any schools showed an undue proportion of cases in which the myopic defect had increased between two consecutive examinations, but it would be obviously unfair to credit a school with cases of deterioration in children who had also attended one or more other schools. Therefore a further selection was made of children who, during the whole of their school life up to the date of the latest examination had attended the same school, though in different departments. The average percentage of eyes which had deteriorated was, as already stated, ·77, and there was a number of schools in which this percentage was greatly exceeded, even if only the eyes of children who had continuously attended the same school were counted. The largest percentage of deterioration was at Williamson Street School with 1·74, followed by Osborne Street with 1·54, Blundell Street with 1·51, Salthouse Lane with 1·49, Somerset Street with 1·36, Chapman Street with 1·27, St. Gregory's with 1·26, and St. James' with 1·21. Of these 8 schools, 7—St. James', Osborne Street, Blundell Street, St. Gregory's, Salthouse Lane, Williamson Street and Chapman Street—are situated in the most densely populated part of the town, and many of them are surrounded by large manufactories and warehouses.

In the Annual Report for 1911 reference was made to an investigation by Dr. Hope, Medical Officer of Health and School Medical Officer for the City of Liverpool, in which he showed that the percentage of defective vision, but not specially of myopia, in a school increased in proportion as the school was nearer the centre of the city, rising from 13·9% among the boys and 13·3% among the girls attending schools on the outskirts to 24·3% among the boys and 30·5% among girls attending schools in the centre of the city. He considered that want of use of the eyes for long distance vision, and possibly poorer nourishment, were the causes of this deterioration, but something also must be due to the smoky atmosphere and to the darkening of the school rooms by surrounding buildings, which must cause increased eye strain. The fact that 7 out of the above 8 schools are situated in the centre of the town supports Dr. Hope's views and makes it appear that their unfortunate but unavoidable position must bear the chief blame for the excess of myopic defect in their scholars. There are only 2 Council Schools which lie nearer the centre of the city than these 7, viz., Charterhouse Lane and Lime Street, and it appears that it is the shifting nature of their population which enables them to escape being in the list, for they both show a fair proportion of defect, but few cases where the children have stayed at the same school for all their life. The 7 schools also, with one exception—St. Gregory's—are old buildings, 2 of them—Salthouse Lane and St. James'—antedating the School Boards, and the newest—Chapman Street—having been erected in 1885. The eighth school—Somerset Street—is also an old school, having been built by the Newington Urban District School Board and being taken over by the Hull School Board when the borough boundaries were enlarged.

The chief reason, then, of the increase of myopic defect among the scholars of these schools appears to be unavoidable, because children who live in the heart of a town must have schools provided near them. As stated in the Annual Report for 1912, no fault can be found with the print of the school books in use in the schools, which conform with types drawn up by a committee of the British Association, which included such experts as Dr. Auden, of Birmingham, and Dr. Bishop Harman, of London. In the matter of correct lighting, constant improvements are made and are reported in the first section of every Annual Report. The regulation whereby the school hours from November 9th, 1914, to January 22nd, 1915, should be from 9 a.m. to 11.45 a.m. and from 1.15 p.m. to 3.30 p.m. practically abolishes artificial lighting in the schools and avoids what would otherwise be a great difficulty. As schools which will require to be built in the future will be "outskirt" schools there will be less difficulty in securing that they are so placed as to get their proper amount of light.

Hearing. The remarks as to the testing of sight during the year apply also to that of hearing. During the first nine months it was tested and the results recorded by the Teachers; during the last three months by the School Medical Officers. In the latter case the test was by the forced whisper at 20 ft. distance, which was taken as normal, and the results were recorded as 20, 10, 5, 0, according to the number of feet distance at which the whisper was heard. It is, therefore, impossible this year to tabulate the results of this test, as directed by the Chief Medical Officer of the Board of Education in his report, but next year it will be done. Under the old description only, 51 children, ·43% (19 boys ·32%, and 32 girls, 5·3%) were considered to be "deaf," and only 1 girl to be "very deaf." In only 24 of these was the deafness attributed to Eustachian obstruction, while 111 children, ·63%, were found, on routine inspection, to be suffering from otorrhœa. This is also frequently caused by adenoid growths in the throat, and their more frequent removal will tend to the reduction in number of persons suffering from this ear disease. Otorrhœa is a most tedious and troublesome complaint to treat, and in many cases all treatment fails unless the throat is first attended to. Another difficulty in obtaining that the child who suffers from a "running ear" should be treated is the wide-spread belief that "if the running is stopped it will go somewhere else" and damage the child's health, and that, therefore, the discharge is something to be rather encouraged than cured. The belief, of course, arises from cases in which unsuitable treatment has been employed, which pens up the discharge in the ear cavities and causes it, by its pressure and its septic nature, to infect either neighbouring blood vessels, causing septicœmia or by inflammation spreading through the bone to infect the brain, causing meningitis or abscess. Any of these conditions, unless severe surgical measures are taken, is fatal, and every child with a "running ear" carries continually about with it the possibility of one of them occurring at any time. To avoid this possibility the treatment required is not to encourage the discharge, but to get the ear cavities into such a condition that they cease to secrete it. The structure of the ear when otorrhœa is present is irretrievably damaged to a greater or less extent, and no treatment is likely to restore it to the condition in which it was before the discharge occurred, but every case should be treated with the intention of making it as healthy as possible. A great number of cases are being treated at the school clinic, and reference will be made to them under that head.

Mental condition. One hundred and four children, ·6% (55 boys ·63%, and 49 girls ·56%), were reported on routine examination to be mentally defective but, as has been remarked in previous reports, 30 of these were children examined on admission at 5 years of age, and no opportunity had occurred for studying their mental condition. As vacancies occur in the Malton Street Special School, these defective children are examined by the School Medical Officer as to their eligibility for that school. Further reference to this condition will be made under the head of exceptional children.

Speech. Seventy-nine children, ·45% (45 boys, ·51%, and 34 girls, ·38%), were stated to stammer. This is not a large number, but seeing how embarrassing this defect is to the sufferer, and to what an extent it may interfere with success in after life, it would be well if some steps could be taken to assist in the cure of these cases. Any associated defect of the nose, mouth or throat should, of course, be treated. Dr. Young, School Medical Officer for the County of Middlesex, found that 29% of the stammerers among the children in his schools suffered from enlarged tonsils or adenoids, while among the children generally the average was from 8 to 10%, and therefore the removal of these growths might benefit the speech as well as the general health. Classes have been established by a number of Education Authorities for the treatment of stammerers by the methods of M. Leon Berquand or of Mr. Walter Yearsley. M. Berquand's treatment commences with a period of absolute silence, which lasts a fortnight, during which the patient is not allowed to speak at all, but is only allowed to communicate with other people in writing. This requirement would seem to make any ordinary class which the children attended, and from which they went home, perfectly impossible, and to render it necessary that they should be in a residential school. Mr. Yearsley's system does not require this period of silence, and so lends itself better to non-residential treatment. Dr. Farquharson, the School Medical Officer of Radcliffe, however, points out that to obtain a real cure the children must frequently attend the class for short courses during their whole school life, and the figures given by him, and quoted in the annual report of the Chief Medical Officer of the Board of Education, are not very encouraging; as out of 29 children followed up by him to the age of 20 years, only 6 remained cured and 14 had relapsed and showed no improvement.

Short of establishing a class for treatment, something could be done to assist the stammerer and ameliorate his defect by issuing to the teachers a leaflet such as that prepared by Dr. Foggin, Principal School Medical Officer at Newcastle-upon-Tyne, where stammering seems to be rather more common than in Hull, viz., 105 cases out of 12,213 children examined on routine inspection, or ·9%. This leaflet is, with Dr. Foggin's permission, reproduced here, and might be printed and issued as an assistance to Teachers who may happen to have stammering children in their classes.

Stammering and Stuttering.

Brief Instructions for Treatment at School.

1. The teacher should treat the child suffering from a defect in its speech with sympathy and kindness, and guard against its being teased and ridiculed by its school-fellows.

2. On commencing the course for stutterers, the child for the first few weeks should not be asked to answer questions individually, but only to join in simultaneous oral exercises.

3. It should then be induced to read and answer, at first in a lone low or even a whisper, so as to gain confidence.

4. It should be encouraged with kindness to speak, and not be hurried, but given time. At first, when the rest of the class is listening, the child may not easily succeed, but the teacher should help the efforts encouragingly.

5. Any improvement in speaking, even the slightest, is to be noticed and praised, so that the child may become more self-confident. As this increases, more and more opportunities must be given to take part in the oral work of the class.

6. It must be guarded, as far as possible, against fright, terror, vexation, and other emotional excitement.

7. When the child is asked a question and desires to answer, the other children in the class should not be allowed to look or stare at it, but should treat it as any ordinary class-mate, and they must not be allowed to make fun of the peculiar way in which it is bound to speak at first, nor mimic it out of school.

8. Both in reading and speaking it must take breath at the proper time. Strict attention should be paid to the punctuation marks in order to secure this.

9. The teacher should see that the child speaks according to the following rules, which should be strongly impressed upon it in the course of treatment :—

1. I must speak slowly and deliberately.

2. I must not speak too loudly or too softly.

3. I must know what I am going to say, and think only of that.

4. When I speak I must stand or sit straight and keep quite still.

5. Before I speak I must take a short, deep breath.

6. I must draw out the vowel sounds, especially in the first syllables and accented syllables, and move my mouth very distinctly for the vowel sounds.

In order to secure imitation it will be necessary for the teacher to accurately articulate, and to exaggerate methods of phonation.

Two hundred and forty-four children had minor defects of articulation, *e.g.*, lisping.

Diseases of the circulatory system.

Two hundred and seventy-three children, 1·56% (75 boys, ·86%, and 198 girls, 2·26%), were reported to suffer from organic diseases of the heart, and 259, 1·48% (61 boys, ·70%, and 198 girls, 2·26%), from functional diseases. On examination of the record sheets it was found that 49 children (15 boys and 34 girls) who had, at the last examination, been reported to suffer from valvular disease, at the present examination showed no sign of it. Most of these, therefore, would be cases where functional disease simulated organic, and it may be concluded that a proportion of those returned as organic disease this year will be found later to belong to the less serious class. Examination of former reports shows that there have always been a number of such cases —in 1912, 29; and in 1913, 35. Unfortunately this improvement was more than counterbalanced by the fact that there were 65 cases (18 among boys and 47 among girls) in which the signs of disease had appeared since the last examination. The larger number of these (9 among the boys and 27 among the girls) occurred in the period before the 12 years of age examination. 13 of the cases appeared to be caused by rheumatism, and in 4 of these it is noted that the manifestation of that disease had been no more severe than what is ordinarily known as "growing pains." 6 appeared to have been caused by chorea, and in 40 no entry as to causation is made. When no parents are present at the inspection, as is often the case with these elder children, it is almost impossible to elicit any reliable history of illness unless it is extremely recent, and thus, in a large number of the cases, the present fact is all that can be recorded. Reference has been made in former reports to the desirability of a wider popular understanding that "growing pains" and "St. Vitus dance" are often not merely trivial childish complaints but that they may be laying the foundation of extremely serious after conditions.

Seven hundred and fifty-three children (4·31%) are recorded as suffering from anæmia to a greater or less degree (204 boys, 2·26%, and 549 girls, 6·20%). Among the boys the incidence of this disease is practically confined to the admission cases, which number 136 out of the total 204. Also it is both quickly recovered from and not easily acquired after the age of 5 or 6 years, for of the boys found at later periods only 33 are said to have suffered from the disease at the last examination, and only 28 had acquired it since. Among the girls the conditions are quite different. Beginning at the admission period with fewer cases than the boys—50, 1·82%, instead of 136, 4·68%—the number and percentage of cases rises to 112 (8·80%) at 8 years, 282 (12·60%) at 12 years, and 105 (4·19%) at 13–14 years of age. Not only is the condition more frequently acquired by girls than boys, but it is more continuous, for it was found to exist at the last as well as at the present examination in 216 of the cases. With the girls the greatest number of cases is at the 12-year period (282, 12·60%), and the greatest number of fresh cases (149, 6·66%) occur in the years between the 8–9 year period and the 12-year period. The probable explanation will be suggested when the age and sex distribution of disease is considered (see page 30).

Diseases of the lungs.

Of non-tubercular diseases of the lungs, 540 cases, 3·09% (195 boys, 2·26%, and 345 girls, 3·97%), were recorded on routine examination during the year, and of these by far the largest number, 488, 2·79% (166 boys, 1·91%, and 322 girls, 3·68%), were cases of bronchitis. As is usual, the total percentage of this complaint falls from age period to age period, being 4·89% among entrants, 2·40% at the 8 years period, 2·31 at the 12 years, and ·98 at 13 years or over.

Tubercle. The total number of cases of actual and suspected tubercle found on routine examination this year, 424, 2·43% (101 boys, 1·16%, and 323 girls, 3·69%), shows an increase on last year, but if the number of suspected cases of pulmonary tubercle, 299 (70 boys and 229 girls), be deducted the remaining cases of actual tubercle of any organ become 125, ·71% (31 boys, ·35%, and 94 girls, 1·07%), which is slightly smaller than last year. Of definite pulmonary tubercle 16 cases, ·09% (3 boys and 13 girls), were found on routine examination, being 2 more than last year, and increasing the percentage by ·01. The percentage given by the Chief Medical Officer of the Board of Education in his report for 1913 for the whole country is ·64% for routine cases. This is slightly higher than for 1912, when it was ·56%. A number of towns quoted in the same report show a smaller percentage than Hull, the lowest being Southend-on-Sea with ·03%, Scarborough and Wallsend with ·04%.

Examining the record sheets of children in whose case actual tubercle of the lung was diagnosed, it was found that in the cases of the 3 boys no entry was found at the preceding examination to show that any threatening signs were then present, while 2 of the girls had, at former examinations, been found to be suffering from other forms of tubercle, and 1 had been suspected of pulmonary tubercle, 2 had been suffering from bronchitis and 1 from anæmia. In 1 other the signs had undergone no change since that last examination, and the condition of another had improved. Dr. A. S. MacGregor published in May, 1914, the results of an investigation into pulmonary tubercle in Glasgow, in which it was shown, among other things, that if a child of school age contracted the disease and managed to survive 2 years there was a strong probability that the disease would be arrested. The two last-mentioned may, therefore, be reasonably considered to be arrested, and, as will be seen below, a considerable number (22) also examined as routine cases were considered by the School Medical Officers to be arrested cases. Of the cases of suspected tubercle, in 3, other forms of tubercle were present at the last examination, 4 suffered from anæmia and 11 from bronchitis, but in the remainder there was no entry of any suspicious signs. Twenty-two of the cases included under the head of suspected tubercle are labelled by the examiner as "probably healed," and 74 cases where it was suspected at the last show no sign at the present examination.

In the re-examination registers there are recorded the names of 9 children certainly suffering from pulmonary tubercle, of whom 1 died during the year, 1 became worse under observation, 6 remained stationary and 1 improved. Also, 151 names were recorded as suspected cases, of which 3 became worse and 39 improved under observation. Thirty-one of these cases, on one single re-examination, were found to be free from defect.

Of tubercle other than pulmonary, there are 109 cases recorded, the distribution being shown in Table IV. It is to be noted that of the 33 cases of tubercle of bone and joint 14 were healed cases, in which the active destruction had ceased and only the effects on the joints remained.

In the matter of pulmonary tubercle, considerable use has been made of the Tuberculin Dispensaries, both for diagnosis and treatment of cases, and also to some small extent the Senior Tuberculosis Medical Officer has availed himself of the Dental Clinic to obtain treatment of cases where decayed teeth were impairing the prospects of recovery in tuberculous cases. It is very desirable that this interaction between the departments should continue and increase and that some scheme of regular associated supervision of children actually tuberculous or in contact with that disease should be drawn up. Also the Open-air School, the plans of which have been passed by the Education Committee, will be invaluable, not only for the treatment of suspected cases, but also for their regular supervision, so that if the suspicion is confirmed by the advance of the symptoms they may be at once put under regular anti-tubercular management.

Diseases of the nervous system

Seventy-nine cases of organic nervous disease were reported to have been found in routine examination during the year, of which 16 (·09%) were cases of epilepsy, 22 (·13%) of chorea, and 41 (·23%) of other organic nervous disease. Under all the heads there was recorded a larger number of girls than boys.

Rickets.

The percentage of cases recorded varies very little from year to year. It is 4·79 this year, as compared with 4·96 last year. The defects found are really the results of the disease, for at any rate in the ages above that of the entrants all active manifestation is over.

Deformities.

Every departure from the normal which could be called a deformity is recorded under this head, from the loss or complete paralysis of a limb to a supernumerary finger or a bifid uvula. This accounts for the large numbers under this head, 804, 4·61% (547 boys, 6·28%, and 257 girls, 2·87%), the preponderance among the boys being what might be expected from their greater activity and therefore greater chance of injury. Of scoliosis or lateral curvature of the spine there were 145 cases, ·83% (39 boys, ·44%, and 106 girls, 1·21%), and in 81 cases (16 among the boys and 65 among the girls) it is noted that improvement had taken place since the last examination. Scoliosis appears to be rare among the entrants, only 12 of the above cases (7 boys and 5 girls) belonging to that age period. Other forms of spinal curvature (excluding, of course, tubercular disease of the spine, which is classified under the head of tubercle) of various degrees of importance number 110 cases—86 boys, among whom there were also 16 cases which showed improvement since the last examination, and 24 among girls. More improvement would be obtained in these cases could a department for physical exercises be established at the School Clinic, but in the present premises there is no accommodation for it.

In 532 cases (154 boys and 378 girls) the deformity recorded was that the chest was badly formed. This is chiefly noted as a warning signal for future examinations as indicating a special liability to tubercular disease. Thus under these heads are noted 687 of the cases of deformities, leaving only 117 to comprise all the others from the most serious to the most trivial.

Other diseases.

The cases of infectious skin disease—ringworm, impetigo and scabies—recorded in Table IV. are those which were discovered on routine examination, and make only a small proportion of the cases of these diseases discovered and dealt with in the year. Further reference will be made to them under the head of Infectious and Contagious Diseases (see page 61). Non-infectious skin diseases were present in 350 cases (2·01%).

Among diseases and defects not specified in Table IV. are 99 cases of hernia, ·56% (74 among boys, ·85%, and 25 among girls, ·28%). There were also 14 cases among the boys in which the radical operation for the cure of the defect had been successfully performed. Forty-two notices were issued to the parents of the boys, and 10 to parents of the girls in respect of this condition, the remaining children having the defect controlled by suitable trusses. The most common position was the inguinal, which numbered 63 of the cases among the boys and 10 among the girls. Only 1 was femoral in position in a girl, while for 10 (2 among the boys and 8 among the girls) the position was not specified.

Another head under which there is a considerable number of records is that which includes such terms as "delicate," "weak," "puny," "malnutrition." Of these there are 126, much the larger number (118) being among the girls.

The names of 26 children were removed from the register on the certificate of a School Medical Officer that, in his opinion, there was no likelihood of their being in a fit state of health to attend school before becoming legally exempt from the obligation of school attendance (Code 1912, Schedule IV., paragraph 7). In 18 of these cases the disease was tuberculosis, and the localisation was in the lungs in 5, the spine in 4, in one or more of the joints in 4, in the glands in 1, and was not specified in the remaining 4. Epilepsy was the cause of removal in 2 cases, and the remaining 6 comprised single cases of pseudo-hypertrophic paralysis, paraplegia, mental defect, kidney disease, tumour of the head and ringworm.

Distribution of diseases and defects as to age and sex.

The distribution as to the age of the various diseases and defects is shown in Table IV. for the age periods at which the children are examined, but only in the case of the combined sexes are the percentages tabulated there. A short examination may be made of some of the percentages both for the combined and separate sexes, taking the condition of nutrition first. As already seen, the grand totals show a falling-off in the number of boys whose condition is estimated as "excellent," with a corresponding increase in those estimated as "below normal," but reasons have been given for regarding this rather as an alteration in the standard of estimation than in the facts estimated. Owing to the undefined character of the estimations, only the broadest conclusions can be drawn from them, and, therefore, the nutrition for the present purpose is estimated as "satisfactory" and "unsatisfactory," under the former head being united the "excellent" and "normal" of Table IV., and under the latter the "below normal" and "bad." The grand totals on these lines give 16·6% of unsatisfactory nutrition among both sexes taken together, and at the various age periods:—Entrants, 14·76%; 8-9 years of age, 20·47; 12 years, 25·26%; and a sudden improvement among those 13 years old or over to 8·53%. Thus, if this last class were not examined, it would be said that there but from that point the boys rapidly improve, ·90% at 8 years, 1·69% at 12 years, and ·79% at 13 years and over; while the girls are at their worst at 12 years, 12·60%, and improve later to 4·19%. As has already been stated (page 25), the greatest number of new cases of anæmia arises between the 8-9 year, and the 12-year period. A probable explanation of this, and of the variations in nutrition, is that up to about 8 years the little boys and girls live much the same life, playing in the streets and getting about the same amount of fresh air, but that after that age the girls become capable of assisting in housework, minding the baby, &c., and are thus more confined to the house. It is possible also that they may at this stage get a poorer share of food than their stronger brothers, and also practically certain that they get a larger share of the well-stewed tea, which is always on the hob in the homes of most of them. Thus, though the 12-year period marks the low tide of nutrition for both sexes during school life, the fall is much greater in the case of the girls than of the boys.

Enlargement of the tonsils and the presence of adenoid growths in the throat are closely allied to the above conditions, and have their precentages following in much the same order. If those for enlarged tonsils and for adenoids be taken together for both sexes, the percentages run:—Entrants, 33·41; 8-9 years, 27·30; 12 years, 34·67; with the usual great improvement at 13 years and over, 14·84%. Mouth breathing follows a strictly parallel course:—Entrants, 4·96%; 8-9 years, 3·78; 12 years', 5·37; 13 years and over, 1·73. And so does otorrhœa:—Entrants, ·71%; 8-9 years, ·40%; 12 years, 1·08%; and 13 years and over, ·25% In all these three conditions there is a slight improvement at the 8-9 years' period, followed by the great deterioration at the 12 years. But it is the amount of deterioration in the girls which produces this effect, for the boys show a roughly continuous improvement, *e.g.*, enlarged tonsils and adenoids:—Entrants, 32·94%; 8–9 years period, 25·07%; 12 years period, 26·27%; and 13 years and over, 10·77 %; while the similar percentages for the girls are 34·11, 29·48, 43·31, 28·36. Thus, in this case, it is the heavy percentage drop among the girls at the 12-year period which causes the drop in the combined percentages at that period, and the slighter recovery among them at the 13 years' period, which reduces the improvement in that percentage. The percentages for was a steady deterioration of condition in children during the whole of school life. The improvement is so large and so sudden that its accuracy must be regarded as suspicious, but that it is an actual improvement and not an error of observation is made probable by the facts that (1) it is found to the same extent among the boys and the girls, (2) that, therefore, on account of the staff changes, it is the result of the combined observations of 6 male and 4 female School Medical Officers.

In the schools under the Education Committee of the London County Council also, deterioration takes place between entering and leaving school in almost all the areas, being sometimes more marked and sometimes less than in Hull.

If the sexes in Hull be taken separately, it is satisfactory to notice, from the result with the entrants, that the standard of the male and female School Medical Officers must be almost identical, for the percentages of "satisfactory" and "unsatisfactory" show very small difference between the sexes, but at the later age periods the girls appear to deteriorate to a much greater extent than the boys, the percentages of "unsatisfactory" being at the 8-9 years period—boys, 14·13; girls, 26·57—at 12 years, boys, 18·02; girls, 32·72—and at the age of 13 or over, boys, 6·28; girls, 10·58. In the London figures the reverse is the case, and also the differences between the sexes are much less marked than in Hull, being for entrants—boys 10·8%, and girls 9·8% unsatisfactory; and among leavers, boys 14·7%, and girls 14·3%. It must be remembered that these figures are taken from the average of the whole of the areas, urban and suburban, under the authority of the London County Council Education Committee, and that many of the urban areas show much more deterioration than in Hull, for example, the unsatisfactory cases are in Bermondsey—entrants, boys, 5·6, girls 5·0; leavers, boys 28·5, girls 29·6.

If anæmia, which is a condition of malnutrition of the blood, be considered next, the percentages in which it is present in the combined sexes are found to follow in the same order as those for "unsatisfactory" nutrition, viz., entrants, 3·29; 8-9 years, 4·94; 12 years, 7·07, and then the sudden improvement at 13 years and over to 2·57. Among the entrants, the boys suffer more from anæmia than the girls, 4·68%, as compared with 1·82%, the sexes separately for mouth breathing and otorrhœa closely follow those for tonsils and adenoids. Under the head of "mouth breathing," the percentages for the girls are always larger than for the boys (that at the 12-year period being more than nine times as great). Girls are always considered to be more subject to the various diseases of the lymphatic system than boys, and this is partly the cause of this unequal distribution, but the age distribution seems to point to the fact that the chief causes are the same as those quoted above for malnutrition and anæmia. But also every boy who, to the smallest extent, plays athletic games is taught from the first to keep his mouth shut when playing, and thus acquires the habit of breathing through his nose, which is not only beneficial in itself, but is the best preventive of the growth of adenoids. It must not, however, be considered that mouth breathing is a certain sign of the presence of adenoids or of enlarged tonsils. Many cases are seen of mouth breathers who certainly have not enlarged tonsils, and have no other signs of adenoids. In some of these a high arched palate narrows and encroaches from below on the nasal space, and in others in which this condition is absent the practice appears to be a mere habit. In former reports it has been pointed out that bronchitis is also a disease of the early years of life, among boys at least, but that it lingers on, though in a reduced degree, in the later years of the school life among girls. The percentages are for boys :—Entrants, 3·72 ; 8–9 years, ·98 ; 12 years, 1·34 ; and 13 years and over, ·66. For the girls :—Entrants, 6·13 ; 8–9 years, 3·78 ; 12 years, 3·31 ; 13 years and over, 1·27. In this case also the conditions of open-air life are probably the effective cause of the changes, the amount of the disease among the entrants being more nearly equal than at any other period, and the divergence increasing as the boys pass more to open-air life, the girls more to a life in stuffy rooms.

Exceptional children.

Table V. shows the number of these children classified in the manner directed by the Chief Medical Officer of the Board of Education in Appendix J of his report for 1912. In this Table are brought together the numbers of all the children suffering from the various defects who are known to exist in the area of the Education Authority ; while most of the figures in the former part of this report refer to children seen during the year 1914, either at routine or non-routine examination.

Some of the figures in the Table require some explanation to avoid an unfair estimate of the conditions existing. No children who are too blind or too deaf to profit by instruction are attending any elementary school in Hull, and on the other hand a considerable number of those who are returned under the head "not at school," on account of blindness, are so only temporarily and will return to school when the disease which is affecting their sight is cured. Of those under this head who are totally blind, one will shortly be sent to a residential blind school and two who have recently been examined by the School Medical Officer are also mentally defective and can only be placed in an institution which deals with children who have both these defects. As to the remainder in whom the sight is defective but not totally lost, of 18 who appeared in the similar Table last year, 1 has been transferred to the mentally defective list, 1 has been re-admitted to school, 3 have become exempt on attaining the age of 14 years, and 1 has left the city; and the remaining 13, with the 4 totally blind and 21 new cases for 1914, make up the 37 cases in the Table. As 18 of the above 21 are under Infirmary or Dispensary treatment it may be presumed that a considerable number of them will resume attendance during the year. The 7 returned as attending Certified Schools for the Blind are all at residential institutions outside the city, and an eighth (a boy) became legally exempt from school attendance during the year. Deaf children attending the Osborne Street Deaf and Dumb Centre number 35 (18 boys and 17 girls), and of the 2 returned last year as "not at school" 1 has now been admitted to the Centre. One boy left the Centre in December, 1914, becoming legally exempt from school attendance.

One hundred and one mentally defective children (43 boys and 58 girls) above the age of 5 years are returned as attending Public Elementary Schools, but as these returns are obtained from routine examinations it is probable that this figure does not accurately express the number. They will all be re-examined, at any rate once, as vacancies occur in the Malton Street Special School. Those attending Certified Schools for the Mentally Defective are the children who have been certified to attend the above Special School (see page 62). Mentally defective children who are not at school number 26, 10 of whom (7 boys and 3 girls) are under 7 years of age, and when they attain that age they will be examined as to their suitability to attend the Special School. Of those over 7 years of age, 9 have been examined by the School Medical Officer, who reported that 2 were incapable of profiting by instruction even in a Special School, that 1 ought to be placed in a residential school, that 1 suffered more from deafness than from mental defect, that 2 were also crippled, 1 of whom should obtain treatment for the crippling condition before being sent to Malton Street Special School, and the other should attend that school if means of conveyance could be provided. It was arranged that 3 were to be re-examined in a year's time. Of the remaining 7, 2 girls are blind, 1 of whom is to be sent to an institution for blind and mentally defective children, and 2 boys are in the workhouse.

The imbeciles number 57, of whom all but 12 have been examined at least once by the School Medical Officer. Of these, 3 are between the ages of 5 and 7 years and will be examined on attaining the latter age, and 1 is in the workhouse. Of the idiots, 4 are below the age of 7 years and 1 is in the workhouse. One girl included in last year's list died in Willerby Asylum during the year.

The one epileptic returned as attending a Certified School for Epileptics was sent by the Board of Guardians to the Stoke Park Colony, Bristol. Of those not attending school, 2 are in the workhouse and 2 in Willerby Asylum.

Children definitely affected with pulmonary tubercle who are attending school number 22 (9 boys and 13 girls). Those not at school number 65. These consist of 23 cases brought forward from last year and 42 new cases. Of those whose names appeared last year, and not this, there are 4 who have recovered sufficiently to return to school, 1 left the city and 1 was transferred to the physically defective list. Fifteen became exempt on attaining the age of 14 years, as also did 3 who were only discovered in 1914. One of those discovered in 1914 died. Children attending school while suffering from tuberculosis not pulmonary in localisation numbered 244, while those not at school from the same cause only number 36. Of those under this head last year, 4 have recovered sufficiently to resume school attendance, 2 have left the city, 1 is dead and 6 have become exempt at 14 years of age.

The number of children attending Elementary Schools who are crippled by causes other than tubercular disease is swollen by the inclusion of many slight cases ; that the actual condition is nothing like so serious as the numbers would suggest is shown by the fact that only 5 children have to be conveyed to school in wheeled chairs, and that of the others even the most crippled can come themselves with the assistance of crutches, high boots or some such appliances. The 46 who are not attending school are made up of 21 who appeared in last year's list and 25 new cases. Of the 5 removed from last year's list, 2 now attend school (1 of them in a wheeled chair), 1 has been transferred to the list of imbeciles, 1 has become exempt at the age of 14 years and 1 has died.

In 13 cases the Committee provides special apparatus for these children—3 couches, 3 pairs of special boots and the remainder special chairs.

Social conditions.

The fact that for nearly five months of the year under review this country has been engaged in the greatest war in its history would be expected to largely affect the returns under this head. But although during the first few weeks of the war much anxiety was felt respecting its effect on the trade of the city and on the condition of the labouring classes in it, since that time there has been much less distress than might have been expected, and with the separation allowances paid to the families of soldiers and sailors and the diminished supply of labour in consequence of the enlistment of so many able-bodied men, enabling those left behind to earn more regular wages, the financial conditions among the parents of children attending Elementary Schools have not been unfavourable, though the increasing price of food has been felt by all.

Clothing and boots.

There is a slight increase in the number of children whose clothing was described as unsatisfactory, viz., 3,379, 19·36% (1,689 boys, 19·42%, and 1,690 girls, 19·31%), as against 3,033, 16·72% (1,512 boys, 16·86%, and 1,522 girls, 16·09%) last year.

There is a slightly smaller increase in the numbers who had "unsatisfactory" boots, 3,409, 19·53% (1,692 boys, 19·45%, and 1,717 girls, 19·61%), as against 3,612, 17·37% (1,595 boys, 17·65%, and 1,567 girls, 15·29%). The numbers who attended school without shoes were 278, 1·59% (246 boys, 2·83%, and 32 girls, ·36%), and show about the same proportional increases on last year as the other figures relating to clothing. These figures show that a certain amount of the improvement in all matters of clothing which was claimed last year has been lost, but the retrogression is not by any means on the scale which might have been feared under the conditions of the last five months of the year.

The Children's Clothing Fund has, besides distributing various articles of clothing to 807 children, supplied 800 pairs of boots and 460 pairs of clogs. The latter item is particularly satisfactory as it may tend to popularise a cheap and lasting form of footgear which has many advantages over the more perishable leather boot.

Cleanliness

For the reasons mentioned on page 6 it is not possible in this report to classify cases of pediculosis into those in which actual pediculi were found and those in which only "nits" were present. Fresh arrangements have been made, and in the report for 1915 distinction will be made between the two classes.

In the matter of pediculosis of the head it is extremely satisfactory to have to report that the improvement, which only commenced in 1911, had a slight set back in 1912 but more than recovered itself in 1913, has continued and considerably increased in 1914. The total figures for both sexes at the different age periods are given in Table IV., but the great preponderance of the condition in the girls makes it necessary to see the figures for the sexes separately. The percentages at the various age periods were as follow :—

	Boys.	Girls.
Entrants	2·88 ..	18·22
8–9 years	1·56 ..	28·30
12 years	3·08 ..	40·41
13 years and over ..	0·96 ..	17·28
Total	2·25 ..	25·09

The total percentage for the boys is the lowest except in 1911, when it was 2%; that for the girls is the lowest since medical inspection was instituted, and is 2·21% lower than last year.

These results are the more satisfactory because it was feared that the extra work placed on the nurses in attending at the Clinic and in following up Clinic cases would interfere with their visits to the schools and so pediculosis would increase for lack of inspection. That every effort is still required to keep the filthy condition under control is evident from the very serious figures reported as to girls at the age of 12 years, at which period 40·4% of the girls are affected. When all those who have not been examined at the age of 12 and so come to be examined at the age of 13 or over are exhausted there will be no means of knowing if the improvement which now appears to take place in the last 2 years of school life will continue.

In his annual report the Chief Medical Officer of the Board of Education, after quoting a considerable number of areas in all of which the percentage of pediculosis is higher than even among the girls at the 12-year period in Hull, remarks that "Education cannot be said to have achieved any result worthy of the name so long as the child leaves school with the lesson of cleanliness unlearned. It is gratifying to find, therefore, that the evil is showing signs of mitigation in many areas, showing, in fact, that there is much to hope from the parents of future generations." It is satisfactory to find that Hull occupies a favourable place among the towns which are gradually overcoming the evil, and it is to be hoped that the amount of success attained will only nerve both teachers and nurses to new efforts in that direction. The teachers can and do help more than anyone, and their efforts are worthy of the greatest appreciation. It is frequently found that a school which, from its position in one of the poorer districts, would be expected to show a large proportion of pediculosis is freer from it than a more favourably situated neighbour, and this result largely depends on the efforts of the teachers.

Pediculosis of the body has always been reported in a much smaller number of cases than that of the head. The percentage for both sexes this year is ·23, which is greater than last year. For the boys it is ·15, and for the girls ·32, and both these figures show a considerable diminution on those of the earlier years.

Ordinary dirtiness of the body to a noticeable extent is reported in 1,892 cases, 10·84% (738 boys, 8·48%, and 1,154 girls, 13·14%); this is 3% better than last year, and only at the 12-year period do the dirty cases attain a percentage (15·77) which was recorded both on admission and on leaving last year.

The nurses paid 1,733 visits to the schools to search for cases of dirt and pediculosis, which is only 49 less than last year, and at these visits they examined 37,616 children, an increase of 6,183. The number of visits per annum comes to between 10 and 11 to each department, and with the extra demands on their time caused by the distribution of Clinic notices, by the following up of cases which fail to attend the clinics—dental and medical —and by the time taken up in treatment at the Clinics it seems that this number will be reduced rather than increased. If this unavoidable relaxation in the number of inspections appears in the future to allow an increase in the number of verminous and filthy cases it will be necessary to see if some method of obtaining more frequent inspections cannot be devised. The nurses have had under observation 684 cases of pediculosis, which is an increase on the number last year, but no child was reported more than once in the year. The number of family cases is the same as last year (10), but there was 1 case in which there were 3 children in 1 family. The number of cases of ordinary filthiness dealt with by the nurses is 273—a considerable reduction on last year. The family cases also show a reduction, numbering only 7, as against 21 last year. In 5 of the 7, 2 children were affected, in 1 of the others 3 children, and in the remaining one, 5 children. All the figures are, however, encouraging as showing that effect is being produced.

Two parents were proceeded against under Section 122 of the Children Act for allowing their children to become verminous after being cleansed by the nurses acting under the authority of the School Medical Officer. Convictions followed, and the parents were fined 6s. and 10s. respectively. One other parent was summoned with respect to 3 children, but the summonses were withdrawn and the police proceeded against him under Section 12 of the Children Act, and the parent being convicted was committed to prison for one month with hard labour.

Provision of meals.

The Provision of Meals Act, 1906, continued to be administered, as described in former reports, for the first seven months of the year. Meals were provided during the holidays.

With the declaration of war, an entirely new set of circumstances presented themselves. Thousands of men were called to the colours as reservists or enlisted, causing a great dislocation in trade and manufacture. Also for a time, in a city the chief industries of which are connected with shipping, a considerable amount of distress occurred on account of the interference with navigation, and there was also the fear that a much greater amount would prevail later. The amount of distress has, however, not been as great as was feared; separation allowances are being paid to the families of the men who have joined the colours, shipping has not yielded to the fear of attack, and the lack of employment has been less than was to be expected.

In August, September and October, however, great efforts had to be made, and very large increases in the numbers of children fed. The Provision of Meals Sub-Committee, by a resolution passed on August 12th, decided that, in cases where it was necessary, the children were to be supplied with up to three meals a day and on any number of days up to seven days a week. The great increase is shown by the fact that the number of meals provided frcm January 3rd to August 8th was 146,999, while from August 8th to December 26th it was 950,629. It must, however, be remembered that the former figures were for a period when only one meal a day was given (with very rare exceptions), and only on five days a week, while during the latter period three meals a day were given in many cases, and the Canteen Centres were open seven days a week, and therefore the number of children receiving meals was not so largely increased as it appears. The necessity for meals culminated in the week beginning October 10th ; the number given was 62,477, and since then it has steadily fallen, until at the end of December it was 39,426.

During the month of August there was much discussion on the methods of administration and provision of the meals. Among other changes which were desired was one in the official diet table. This had been the same as that approved by the Senior Medical Officer and Dr. Maclean in January, 1910, with a slight modification, which was noted in the annual report for 1911, but this diet, though satisfactory qualitatively, depended as to quantity on the size of the portions given to the children. The committee, therefore, directed the Senior Medical Officer to draw up a diet scale, stating also the quantities of the ingredients required. The Senior Medical Officer had the advantage of the advice of Miss Dawson, Superintendent of Domestic Subjects, on culinary matters connected with the diet, and also of the Circular 856 issued by the Board of Education on August 15th, 1914, on which the larger number of the diet scales is founded. The Diet Scale drawn up, which is appended, provides for 3 meals a day, 7 days a week, and gives a fair amount of variety in the food.

DIETARY AND TABLES OF MEALS

(with Quantities required per 100 Children).

DINNERS.

MONDAY—SOUP AND BREAD, SUET PUDDING AND TREACLE.

Ingredients—

4 lbs. Beef, Minced.
12 lbs. Peas, Lentils or Beans, or half of these and 6 lbs. Pea Flour.
½ lb. Dripping.
6 lbs. Onions.
9 lbs. Carrots and Turnips (mixed).
8 galls. Water or Bone Stock.
Salt and Pepper to be added after the Peas, &c., are cooked.
12 lbs. Bread, white or brown, to be served with soup.

SUET PUDDING (served with Treacle).

Ingredients—

12 lbs. Flour.
6 lbs. Suet.
4 ozs. Baking Powder, or, if to be carried some distance, 2 ozs. Yeast.
3 ozs. Salt.
Cold water to mix (warm water for yeast).
3 lbs. Treacle to be served with this quantity.

TUESDAY—IRISH STEW, GINGER PUDDING AND SAUCE.

IRISH STEW.

Ingredients—

16 lbs. Meat, without bone or waste.
1 lb. Dripping or Margarine.
36 lbs. Potatoes, or 24 lbs. Potatoes and 3 lbs. Rice.
8 lbs. Onions.
3½ galls. Water.
Salt, Pepper.

GINGER PUDDING AND SAUCE.

Ingredients—

12 lbs. Flour.
6 lbs. Suet.
2 ozs. Carbonate of Soda, dissolved in milk or water.
3 ozs. Ground Ginger.
2 lbs. Sugar.
4 lbs. Treacle.
3 ozs. Salt.
Milk or water to mix.

SAUCE.

Ingredients—

8 pts. Water (cold).
8 ozs. Flour.
3 ozs. Sugar.
6 ozs. Margarine.
1 teaspoonful Salt.

WEDNESDAY.—MINCED MEAT AND POTATOES, RICE PUDDING.

MINCED MEAT.

Ingredients—

18 lbs. Cooked Meat.
6 lbs. Onions.
Salt, Pepper.
1 lb. Dripping or Margarine.
3 galls. Water or Stock.
1 lb. Pea Flour or Oatmeal.

POTATOES.

36 lbs. Potatoes, baked in their skins, or steamed and mashed, should be served with the above.

RICE PUDDING.

Ingredients—

4 galls. Milk (skimmed).
1 gall. Water.
1 lb. Suet or Margarine.
4 lbs. Rice.
2 lbs. Sugar.
2 teaspoonsful Salt.

THURSDAY.—IRISH STEW, JAM ROLY-POLY AND SAUCE.

IRISH STEW as for Tuesday.

JAM ROLY-POLY AND SAUCE.

Suet Pastry as for Suet Pudding, made into Roly-Poly Puddings, using 8 lbs. Jam.

FRIDAY.—MEAT AND POTATO PIE, RICE PUDDING; OR FISH AND POTATO PIE, RICE PUDDING; OR SOUP AND BREAD, RICE PUDDING AND STEWED FRUIT.

MEAT AND POTATO PIE.

Ingredients—

12 lbs. Meat, without bone or waste.
18 lbs. Potatoes.
6 lbs. Onions.
Pepper, Salt.
3 galls. Water.
Pastry for Pie.
  9 lbs. Flour.
  4 ozs. Baking Powder.
  1½ ozs. Salt.
  4 lbs. Lard, Dripping or Margarine.
  Cold Water.

RICE PUDDING as for Wednesday.

FISH AND POTATO PIE AND PARSLEY SAUCE.

Ingredients—

25 lbs. Fish, free from bone and skin.
36 lbs. Potatoes.
12 ozs. Margarine.
Pepper, Salt.

PARSLEY SAUCE.

Ingredients—

3 pints Milk.
1 pint Water.
6 ozs. Flour.
4 ozs. Margarine.
4 tablespoonsful Parsley, chopped.
Salt, Pepper.

SOUP AND BREAD as for Monday.

RICE PUDDING as for Wednesday.

STEWED FRUIT.

9 lbs. Dried or Fresh Fruit.
Sugar or Treacle to sweeten.
5 pints. Water.

SATURDAY.—MINCED MEAT AND POTATOES, RICE PUDDING AS FOR WEDNESDAY.

SUNDAY.—POTTED MEAT SANDWICHES, GINGERBREAD OR CURRANT BREAD AND COCOA.

Potted Meat—7 lbs. Beef, without bone or waste, cooked and potted.
Bread—18 lbs. Bread.

GINGER BREAD.

Ingredients—

12 lbs. Flour or 8 lbs. Flour and 4 lbs. fine Oatmeal.
6 lbs. Lard, Dripping or Margarine.
3 ozs. Ginger.
2 lbs. Sugar.
2 ozs. Carbonate of Soda.
5 lbs. Treacle.
3 ozs. Salt.
Milk or Water to mix.

CURRANT BREAD.

Ingredients—

1 st. Flour.
3 lbs. Lard, Dripping or Margarine.
3 lbs. Sugar.
3 lbs. Currants.
Yeast, Salt, Milk and Water.

COCOA.

¾-lb. Fry's Cocoa.
40 pts. Water.
40 pts. Milk.
2 lbs. Sugar.

BREAKFASTS.

1. ½-pt. Porridge, ½-pt. Milk, 1½ ozs. Currant Bread or Bread and Margarine per Child.

Porridge for 100 children—

6 lbs. Medium Oatmeal.
48 pts. Water.
1½ ozs. Salt.

Served with—

4 lbs. Sugar or Treacle.
50 pts. Milk.

Crushed Wheat might be used as a change instead of Oatmeal.

2. ¾-pt. Cocoa (half milk), 3 ozs. Bread and Margarine or Dripping per Child.

3. (For Little Children), ½-pt. Milk (hot) on 1½ ozs. Bread. 1 teaspoonful Sugar or Treacle.

TEAS.

¾-pt. Cocoa or ¾-pt. Milk and Water (two-thirds Milk), 3 ozs. Bread with Margarine, Dripping or Jam, or 3 ozs. Currant or Raisin Bread per Child.

The quantities of the proximate principles of food contained in each day's diet for one child vary for proteids from 2 ounces to 1·5 ounce, for carbohydrates from 9 ounces to 8·1 ounces, and for fats from ·9 ounce on Friday (the day of fish diet) to 1·52 ounce. Seeing that the diet for an adult in moderate exercise should contain proteid 4·2 ounces, carbohydrate 18·7 ounces, and fat 1·4 ounce, and that the meals are for children varying from 5–14 years of age, it will be seen that the amount provided is at least adequate. The fat is in excess, and was intentionally made so both because children can assimilate a larger proportion than adults, and also for its anti-tubercular action. Dr. A. E. Carver, in a research carried out by the direction of and published by the Public Health and Housing Committee of the Birmingham Corporation, showed that deficiency of fat in the ration of a group of families was accompanied by an increase in the proportional number of cases of tubercle in that group. He takes, however, as a standard adult diet a lower one than that mentioned above, viz., one with proteid 2·2 ounces, carbohydrate 15·0 ounces, and fat 3·8 ounces. Only in the matter of the fat does the diet given above fall behind one-half of these figures. The suggested diet was adopted by the Special Dietary Sub-Committee of the Provision of Meals Sub-Committee at a meeting on August 29th, 1914.

Besides drawing up this diet scale the School Medical Officer has, since October 1st, made frequent visits to the various feeding centres and has observed and noted the arrangements. Generally the cleanliness of the rooms and tables and the cleanliness and order of the children have been satisfactory. The quality of the food has also been good, and the serving, which is partly done by monitors—elder girls, who receive a small payment for their services as well as a meal—has been as good as is possible. Naturally, with the number and the varying nature of the halls used as Canteen Centres and the difference in different districts between the classes of children who receive the meals, there is a wide range of difference as to order and behaviour. At some of the centres the order of entry is quiet and regular, the children are clean and wait until all are seated and then say grace before commencing their meal, and consume the food in a cleanly, well-behaved manner. It is only rarely that grace is not said before the meal is commenced, but often each individual child or small groups of children come in, say their grace and commence the meal at once, without waiting for the others.

The Canteen Centres are practically all halls or mission rooms in various parts of the city. In only three cases are all the meals served in eating-houses or shops, and those are in remote parts of the town, *e.g.*, Stoneferry and Marfleet, where the numbers are very small and no suitable hall exists. In two cases all the meals on Sunday are served in eating-houses, and in four others the tea is so provided. On other days in two cases tea, and in one breakfast and tea, are provided in eating-houses.

The School Medical Officers in cases in which they consider it necessary order special diets, and these are, as far as possible, provided. The names of many children considered to be suffering from malnutrition are entered in the re-examination registers and thus a supervision is kept over the effect of the feeding. Arrangements are made whereby children who would otherwise receive meals but are excluded from school for medical reasons, receive their meals, which their parents are allowed to fetch from the canteen, and this obviates great hardship which used to arise under these circumstances.

The experience is that everyone who visits the Canteen Centres is struck by the generally healthy and well-fed appearance of the children, it being only one here and there who shows any signs of want, and generally, on enquiry in these cases, it is found that ill-health is the cause, not privation. The city ought in future years to reap the benefit of the very large expenditure it has made in preventing any deterioration of the physique of the children due to privation caused by the war rather than waiting until the deterioration had occurred and then trying to remedy it.

Treatment and following up.

The methods of following up cases to see that treatment is obtained was, for the first 9 months of the year, exactly the same as that described in the Annual Report for 1911, and met, as already stated, with the same gratifying success as has attended it since the commencement, 98·96% of the children who required it obtaining treatment. The opening of the Clinic for the treatment of minor ailments necessitated some modifications in the routine of following up, and it may be worth while, not only to state these modifications, but also to briefly re-state the unmodified routine, which was as follows:—If a School Medical Officer at a visit to a school found a child, whether at routine inspection or otherwise, to be suffering from some disease or defect which required treatment, he filled up a form (M.I.3) and gave it to the Head Teacher, who forwarded it to the Education Office to be served on the parents by a School Nurse, who explained to the parents how they might best obtain the required treatment. She continued to visit at intervals until treatment was obtained, and if the parents refused or unduly delayed to obtain treatment she served a second warning notice on them (Form M.I.24 or M.I.26). If the parents still persisted in not obtaining treatment the Superintendent School Officer visited them, and by persuasion was frequently able to obtain the desired result, but, if not, action could be, and was on more than one occasion, successfully taken against the parents under the Children Act.

With the foundation of a whole-time Medical Service, and of a Clinic for the treatment of minor ailments, some modification of these arrangements was made, though for the temporary part-time Medical Officers they remain unaltered. The whole-time Medical Officers, when they fill up Form M.I. 3, hand it themselves to the School Nurse, and so are able to give her any instructions they think fit. For cases treated at the Medical or Dental Clinic two new forms (M.I.3a and M.I.3b) have been drawn up, which are reproduced here:—

Fly-leaf to Form M.I. 3a.

Medical Treatment Selected.

Name of child..

School........................ Department........

Address..

Defect ....

Will you please obtain advice respecting this child from your own Doctor, or from one of the Hospitals, Dispensary or Infirmary, or arrange for the child to attend the School Clinic, Jameson Street, Hull, at a time to be arranged. If treatment at the Hospitals, Dispensary or Infirmary is selected, a "Recommendation" must be taken to the Institution.

If treatment is desired at the School Clinic, the Parent or Guardian should sign the following statement and return this form to the School Nurse.

I desire that my child should be treated at the School Clinic, and will take care the child attends punctually at the appointed times.

Signature of Parent or Guardian } ....

Date.............................

Notice to Parents.
Result of Medical Examination.

Form M.I. 3a.

HULL EDUCATION COMMITTEE.

..............................191 .

Dear Sir (or Madam),

I have examined your child........................

who is attending the..........................School,

and find he (she) is suffering from....................

....

I suggest that you should at once seek medical advice on the matter.

Yours faithfully,

School Medical Officer.

To

M..................................

....

Fly-leaf to Form M.I. 3b.

Dental Treatment Selected.

Name of Child ....

School .... *Department* ....

Address ....

The Parents or Guardians are requested to answer the following questions and return this form to the School Nurse :—

1. Do you propose to take this child to your own Dentist for treatment ? ....

OR

2. Do you desire the School Dentist to make an appointment to treat your child at the School Clinic, Jameson Street, Hull, at a time to be arranged ? ....

Signature of Parent or Guardian } ....

Date ....

Notice to Parents. Form M.I. 3b.

Result of Dental Examination.

HULL EDUCATION COMMITTEE.

..........................191 .

Dear Sir (or Madam),

I have examined your child..................who is attending the..............................School, and find that his (her) teeth require immediate attention. Bad teeth are very injurious to the health. If the teeth which are not badly decayed were filled and if those were extracted which are too far decayed to be filled, the child would then by personal care be able to keep his (her) mouth in a healthy condition.

Will you please fill up the attached form and return it to the School Nurse ?

Yours faithfully,

School Dentist.

To M.............................

....

Form M.I.3a is the old Form M.I.3, with the addition of a fly-leaf; Form M.I.3b is the one used for the Dental Clinic, and also has a fly-leaf. The Nurse serves the old Form M.I.3 as before, and the same routine is followed out, but when serving M.I.3a or M.I.3b she points out to the parents not only the necessity of treatment, but also the means of obtaining it, *i.e.*, by private medical practitioner, by Hospital or Dispensary, or by the Clinic. If the parents select the latter the blanks at the head of the fly-leaf are filled up, and the parent signs it at the foot. The fly-leaf is brought to the clinic by the Nurse and the other part of the notice left with the parents. A ticket is sent by post to the parent for the treatment clinic, Medical or Dental, as soon as possible after the receipt of the fly-leaf. If the child attends, it receives the treatment, and if it is necessary for it to attend again, a ticket, with the date and hour of the next attendance, is given to it. If it fails to attend at all, or having commenced to attend fails to continue to do so, the routine of visit by the Nurse or Superintendent School Attendance Officers, described above, is followed out.

This year, as already stated, 1,968 notices (M.I.3, M.I.3a, and M.I.3b) have been served by the nurses on the parents respecting various diseases which required treatment. Of these, 574 are still in the hands of the nurses, but of the remaining 1,394, only 14 refused to obtain treatment, or 1·04%, making practically 99% in which the required treatment was obtained. The second warning notice (M.I.24, M.I.26) was necessary in 122 cases, and 50 of the parents receiving these still refusing treatment were visited by the Superintendent School Officer, with the result that treatment was obtained in all except the above insignificant minority of cases. No prosecutions for failure to obtain treatment were instituted during the year. As regards cases not treated at the School Clinic, 680 children have been, or are being, treated at the Infirmary, Dispensary, or Children's Hospital, and 201 by their private medical men, or dentists. Of 194 completed cases examined in which spectacles were considered to be necessary, in only 13 did further examination show that they could be avoided; in the remaining 181 cases they were obtained; 87 other spectacle cases are still in hand. Operations were performed in 116 cases, among which were 84 cases of the removal of tonsils, adenoids, or both, and 9 cases of radical cure of hernia.

One hundred and seventy cases were brought forward from 1913 to 1914 uncompleted, of whom 140 were treated in one of the hospitals or at the Dispensary, and 8 by private medical men or dentists. As these were long delayed cases, a larger proportion of them (21) required the serving of the second notice, 15 were visited by the Superintendent Attendance Officer, and all but five obtained treatment in the end. The nurses have still 574 cases in hand, the increase on the similar figure for last year being caused chiefly by the number of notices issued by the School Dentist, 321 of which are still in hand. All these cases are being followed up according to the usual routine, and will be noticed in the report for 1915.

School clinic.

The Committee, by its resolution of January 21st, decided that a clinic for the treatment of minor ailments, and for the inspection of selected cases, should be established, and later that the Director of Education and the Senior Medical Officer should visit various towns and inspect the arrangements with the view of drawing up a plan of the arrangements. The Director was prevented by illness, and the Senior Medical Officer combined these visits with those he was directed to make, in company with the City Architect, to inspect open-air schools. The clinics visited were those at Bradford and Birmingham, at which places the central and branch clinics were inspected, and at Sheffield and Kettering. Based upon the experience so gained, a scheme was drawn up and accepted by the Committee. This scheme embodied the opening of a clinic, for the treatment of minor ailments and for the inspection of special cases, in temporary premises, which were to be rented until experience had been gained for the arrangement of a permanent building. Various premises were offered, and the Committee's final selection fell on a suite of rooms in Purdon Chambers, Jameson Street. This building had as its chief advantages its central position and the fact that the building, being unfinished, facilitated such alterations as were necessary. Its chief disadvantages are the absence of any accommodation for a resident caretaker and the fact that the staircase is shared with a set of commercial offices. Since the opening of the clinic there has, however, been no friction with the occupiers of these offices, and the work has been carried out without any serious hindrance.

The premises consist of two rooms on the first floor, the larger being used as a waiting room, the smaller as an office. On the second floor there is a large room, which is used by the medical officers, and is fitted with apparatus for testing eyesight, and with the necessary apparatus for general examination. There is a dentist's room, fitted with dental chair and electric engine, and having a small receiving room opening out of it. Patients do not need to re-enter the dentist's room, but leave the recovery room by another door. As recommended by the Board of Education, the dentist's room is distant from the waiting room, being on the next floor and not immediately above it. There is also a treatment room, where the nurses, under the supervision of the medical officers, carry out the treatment of the cases, and another room which is reserved, to be fitted up as a room for a second dentist if and when one is appointed. There is a small room not at present appropriated to any use. There is suitable lavatory accommodation for patients on the first floor and for the staff on the second, and also cupboards for the cleaner.

It was intended that these premises should be in full working order by October 1st, but owing to delays in delivery of the furniture, chiefly attributed to the war, it was not until October 30th that the first inspection clinic was held, and on November 2nd the first treatment clinic. The dental apparatus was delivered earlier, and consequently it was possible to commence dental work on October 15th, but an accident to his right forefinger incapacitated Mr. Miller, the School Dentist, and he was unable to attend to his duties from October 17th to November 5th. With this exception the arrangements since November 2nd have been that the Clinic has been open for the treatment of minor ailments every morning at 9 o'clock, Dr. Enid Walters taking Monday and Thursday mornings and the School Medical Officer Tuesday, Friday and Saturday mornings. The School Dentist is at the Clinic for treatment every morning and every afternoon except Saturday, with the exception of the days which he devotes to examining the teeth of the children between the ages of 6 and 7 years at the schools. Two afternoons a week—Wednesday and Friday—are set apart for extractions, when gas is administered by one of the School Medical Officers. On Wednesday morning a nurse attends to treat cases which require daily attention and which have already been seen and prescribed for by one of the Medical Officers. After the treatment clinic on Mondays Dr. Walters has an inspection clinic for cases which require examination, and on Tuesdays and Fridays the School Medical Officer has a similar clinic, which is chiefly devoted to the further examination of cases of deafness and defective sight. At the Inspection Clinic also are examined before re-admission to school all cases of ringworm and infectious eye disease which do not produce a certificate of cure from a registered medical practitioner. Many of these cases, which are having inadequate lay treatment are transferred to the treatment clinic. A certificate (Form M.I. 43) is given for the re-admission to school of cases which are found to be cured. In addition to the School Medical Officer and the Lady Assistant School Medical Officer, the four School Nurses attend at the clinic—one each morning in turns—to assist in the treatment, and all four attend on Saturday morning. The office staff consisted at first of one female clerk and an office boy, but it was soon found that there was too much work for this staff, and a second female clerk was appointed. Certain changes in these arrangements by the appointment of another nurse specially attached to the clinic will take effect in January, 1915.

The selection of children to attend the treatment clinic is in the hands of the School Medical Officers, Dentist and Nurses. The School Medical Officers or Dentist at their visits to the schools select from routine or non-routine cases children suffering from the minor ailments treated at the clinic and fill up the right hand leaf of the form M.I. 3a. This form is handed by them to the Nurse of the district in which the child lives, and it is served by her on the parents, as stated on page 51. A School Nurse also, finding a child suffering from one of the minor ailments treated at the clinic, either in school or when she is visiting the homes of the children, can, if the child is of school age, issue the same form directly to the parents, signing it herself and altering "School Medical Officer" to "School Nurse," and if the parents desire clinic treatment brings the fly-leaf, dated and signed by the parents, to the clinic. As soon as possible after the receipt of the fly-leaf a clinic ticket is posted to the parents, stating the time at which the child should attend. When the child attends it receives from the clerk in the clinic office a treatment card on which the nature of the disease, the treatment given and the date of the next required visit is entered by the Medical Officer or Dentist on duty. After treatment the child returns this treatment card to the clerk and receives a clinic ticket for the date indicated. The treatment card is then filed in a card index with daily divisions in the division of the day on which the next attendance is to be made. When that day arrives, if the child makes the attendance, on production of its clinic ticket its treatment card is given to it, and the above routine is again gone through. Thus, at the end of any given day the treatment cards remaining in the index division for that day indicate the failures to attend, and such children are visited by the School Nurse or Attendance Officer to ascertain the cause and to enforce future attendance.

For the inspection clinic, cases are selected chiefly by the School Medical Officers, who bring to the clinic the record sheets of the children and state the date when they desire to inspect them. Inspection clinic tickets are posted to the parents, stating the date and hour at which attendance is desired, the inspection clinic tickets being of a different colour to the treatment clinic tickets. When the child attends, an inspection card is issued, and after the Medical Officer has examined the child, if a further examination is desired, the date is endorsed on the card and a further inspection ticket issued.

The clerk enters the name and address and the school and department attended of each child who attends either the treatment or inspection clinic in the Special Register, and also its time of arrival and departure, and these details are forwarded to the Head Teacher of the department periodically and before the end of the school year, so that these attendances may be marked in the School Register as prescribed by Article 44 (i.) and Schedule IV. (23) of the Code. The School Medical Officer or Dentist whose clinic day it is fills in the disease and treatment and initials the cases. This takes a very appreciable time, and it seems unnecessary that when a child (as is frequently the case) is making daily attendance for treatment the full details of disease and treatment should be entered every day. Some simple form of back reference to the date of the first attendance might surely be substituted.

Between October 30th and December 31st, 541 children have attended at the clinic, and have made 1,688 visits. Of these, 201 children attended the minor ailment clinic and paid 1,285 visits, and 340 children attended the inspection clinic, paying 403 visits. At the minor ailment clinic 79 cases of ringworm were treated, of whom 13 were discharged as cured. The proportion cured is larger than appears from these figures, as a number of children were told to attend for final inspectoin in the first week of the New Year, and were, therefore, counted among the cases still in hand on December 31st. All the cases of ringworm of the scalp were treated by the Ethyl Iodide method, which proved very successful. The average length of treatment of the cured cases was 31 days, and the average number of applications 6; this comparing very favourably with the results obtained with X rays, without any of the risk inseparable from that method of treatment. Among the 66 cases not returned as cured were a number of old standing cases, in which the time required for cure and the number of applications of the treatment are much greater. The complaint, of which the next largest number of cases was treated, was blepharitis (inflammation of the eyelids), of which 40 cases were treated and 17 were discharged as cured. Of otorrhœa there were 32 cases, of which 7 were cured. These three diseases, of which the last can hardly be described as a minor ailment, are among the most tedious and unsatisfactory which the Medical Officer is called upon to treat; and the numbers in which cure has been obtained in the short period that the clinic has been open are perfectly satisfactory. Among other minor ailments treated were 19 cases of eye diseases, 17 of impetigo, 6 of ringworm other than of the scalp, and 7 of other diseases. Only 1 case was discharged uncured, a case of otorrhœa, with caries of the bone of the ear, and, therefore, requiring an operation for its cure.

Of the 340 children who attended the inspection clinics 187 suffered from defective sight caused by refractive errors; 64 of these required spectacles, and notice to that effect was issued to their parents. The remainder either already had suitable spectacles or the defect was so slight that they were not necessary. Particular inquiry was made in these slighter cases as to evidence of eye strain (headache, &c.), and if this was present spectacles were recommended even when the refractive defect was slight. Twenty-eight cases of squint were also examined. Among eye disease examined were 2 cases of cataract. Thirteen cases of obstructive deafness were examined, and notices as to the necessity of treatment of the throat were sent to their parents. Other cases, which were examined at the inspection clinic, comprised 36 cases of diseases of the lungs; 36 cases of ringworm to seek re-admission to school, which was allowed in 26 of the number. In only one case was there a refusal to attend the clinic.

Mr. W. Stanley Miller, L.D.S., was appointed School Dentist on June 16th, the appointment to commence on October 1st. Mr. Miller commenced his duties on that date, and his report of his three months' work is as follows :—

REPORT OF

MR. W. STANLEY MILLER, L.D.S., SCHOOL DENTIST.

DENTAL CLINIC.
School Medical Department,
Jameson Street,
Hull, March, 1914.

Dear Sir,

I beg to submit my report on the Dental Work done since my appointment in October, 1914, and up to December 31st, 1914.

Work Done.

Schools visited 8

	Boys.	Girls.	Total.
Examined	423	396	819
Sound teeth	68	53	121
Less than 4 decayed	115	110	225
More than 4 decayed	231	207	438
Oral Sepsis	9	22	31
Treatment advised	345	331	676
Treatment accepted	227	195	422
Treated by own dentist	19	35	54
Treatment refused	19	11	30
Treated at Clinic	93	71	164
Number of visits	—	—	244
Teeth filled with amalgam	91	66	157
Teeth filled with cement	4	1	5
Temporary fillings	—	5	5
Temp. teeth ext. under general anæsthesia	190	162	352
Temp. teeth ext.	20	12	32
Per. teeth ext. under general anæsthesia	9	12	21
Scalings	4	3	7
Dressings	75	50	125

Summary of all Work Done.

Examinations	819
Number of children treated	164
Number of visits	244
Fillings	167
Extractions	405
Sealings..	7
Dressings	125

Several specially urgent cases were sent to the Clinic by the School Medical Officers and there treated. 170 M.I. 3b Forms already sent out remain unanswered.

The Clinic was inaugurated in October, and before my room was in order for work and various details seen to, several working days were lost. I also had an accident to my right hand which incapacitated me from work for 14 days, so that, in all, I had only 31 clear working days in the Clinic. During the next three months I hope to be able to get through more work, as the working of the Clinic is now going on smoothly.

I find great trouble with the children failing to keep appointments. During this short period 109 children have failed to put in an appearance, which means a great deal of valuable time lost. In many cases it is injudicious and impossible to do all the work for the child at one appointment, and I find that in many cases the mothers refuse to come again with the child. Dental Clinics at their commencement, all over the country, suffer in the same way, and it is found after the Clinic has been established for some time the parents see that dental treatment improves the health of the child, and they readily accept treatment and bring their children at the appointed times.

I think the condition of the teeth of the children I have examined is neither better nor worse than the teeth of the children of that class in all large manufacturing towns. The proportion of children with sound teeth is certainly small, which shews the great necessity for properly organised and efficient dental treatment as one of the most efficacious means of promoting good health and preventing disease.

No definite good results can yet be seen, as, owing to the large number of children requiring immediate treatment a re-examination to acquire the necessary statistics is, I fear, impossible for some time.

Yours faithfully,

W. Stanley Miller,
School Dentist.

To James W. Fraser, Esq., M.D., C.M., M.R.C.S.,
School Medical Officer.

Infectious and contagious disease.

It was not found necessary to close any school or department during the year on account of the prevalence of infectious disease. Copies of all notifications of infectious disease, with the schools attended by children in the affected houses, are sent to the School Medical Officer by the Medical Officer of Health, continuing the practice of former years. The second half of February and the rest of the half-year up to June were marked by an extensive prevalence of measles, of which, being a voluntarily notifiable disease, the Medical Officer of Health receives a large number of notifications. The disease affected the whole town, hardly any schools escaping, but it had apparently exhausted the non-immune children, for in the latter half of the year very few cases were notified. Twenty cases of measles were actually found in the schools at routine or special visits, 15 of them being found in Infants' Departments. Three cases of German measles were also found in Infants' Departments.

Scarlet fever occurred sporadically during the entire year, and no school escaped without one case at least being notified in connection with it, but there was no epidemic prevalence, and though 4 cases were actually found in school, in none of them did any spread of the disease occur.

Diphtheria also occurred sporadically during the year, but in October a small epidemic occurred in connection with Clifton Street School. This appeared to arise in an old and overcrowded district, from which most of the children attended this school, and as soon as this was perceived from the notifications of diphtheria received from the Medical Officer of Health, directions were given that all children coming from this district were to be questioned as to the existence of the disease in their homes, or as to their having sore throat, the former class being excluded at once, the latter being swabbed by one of the School Medical Officers at a special visit, and excluded until a negative result was obtained. At these special visits up to November 17th, 36 cases were swabbed, four of which yielded "positive" results and three "doubtful." On that day, as cases of the disease continued to be notified, and as these came principally from two classes in the Boys' School, Dr. Enid Walters made a special visit and swabbed the throats of all the boys in those classes, to the number of 91; on examination 11 of these gave "positive" and 6 "doubtful" results. After this date special visits continued to be paid, but the only throats swabbed were those of children returning to school after an absence of some days and with a history of sore throat. Sixteen such swabbings gave only one "positive" result. In all, 143 swabbings gave 16 "positive" and 10 "doubtful" results, or 18·1%. Twenty actual cases of diphtheria were notified to the Medical Officer of Health in connection with this school. Swabs were also taken from the throats of 26 children in various other schools during the year, but only 3 of these gave "positive" and only 1 a "doubtful" result. Reference has been made in former reports to the advantage arising from the fact shown by the above figures that any throat showing the slightest suspicious sign is immediately swabbed and the child excluded until it is bacteriologically proved not to be dangerous. Thanks are due to the City Analyst, Mr. Tankard, for the rapidity with which he got out the results of the large number of cases submitted to him from Clifton Street School.

There were also found in school 4 cases of whooping cough, 43 of mumps, and 10 of chicken pox.

Ophthalmia and other infectious eye diseases affected 48 children, 29 of these suffering from infectious conjunctivitis, which prevailed last year, but the extent this year was not nearly so great, viz., 29 exclusions, as against 115 last year. Last year the schools chiefly affected were Blenkin Street, Charterhouse Lane, Lime Street and Lincoln Street. This year Blenkin Street escapes, but to the three remaining are added Buckingham Street, Crowle Street and Williamson Street. At these five schools 97 cases were entered in the re-examination registers and 141 inspections of them made.

Fifty-five cases of ringworm (35 boys and 20 girls) were found on routine inspection, and 62 more were excluded among non-routine cases. The re-examination registers contain the names of 81 more cases, which would be brought forward from last year. These 198 cases received 457 inspections, and 36 cases were found fit to return to school after only 1 month's exclusion, and 86 of the remainder after longer periods, *e.g.*, 10, returned after 5 months, 2 after 6 months, and 1 each after 6 and 8 months respectively. Seventy-six cases were still excluded under observation, 2 of them after 6 months and 1 after 7. The nurses had under observation 268 cases, which would include the above cases, and also those in which the ringworm is situated on a covered portion of the body, and which are, therefore, not excluded. The average period of absence for these children was 8·01 weeks. All these figures show an improvement on last year, when there were 177 cases excluded, 316 on the re-inspection registers, the nurses had 700 cases under observation, and the average period of exclusion was 8·5 weeks. This last figure is the one on which there is the smallest improvement this year.

Reference has already been made in describing the work of the clinic to the treatment adopted there, and the shortening of the period of exclusion to little more than four weeks. This may be hoped to produce a decided improvement next year. Also there will be fewer cases in the re-examination registers, for such cases now come to the inspection clinic instead of to the school as before for re-examination. Hairs from 85 cases suspected of being ringworm were also submitted to the City Analyst for microscopical examination. Of these, 52 gave "positive" results, 2 "doubtful," and 31 "negative." This microscopical verification is sought chiefly in doubtful or disputed cases.

Twenty-one cases of scabies were found on routine examination, and with 34 non-routine cases were excluded by the School Medical Officers. The Nurses are empowered to exclude cases of scabies, and, including the above, had under observation 296 cases during the year. Of these, 55 were treated either at home or by one of the Hospitals or the Dispensary, and 214 at the sulphur baths of the City Health Department. Twenty-seven cases are either still in hand or have left the city. The average period of absence was 5·2 weeks. All these figures are very similar to those last year, and all, especially the period of absence from school, might be improved. The number of family cases (47) is exactly the same as last year, and 5 children were twice infected during the year.

Special Schools.

Blind children are, as heretofore, sent to residential schools outside the city. The School Medical Officer examined 2 such children during the year. He also examined 2 mentally defective girls who were also blind; one of these was certified to be incapable of profiting by instruction, and the other was sent to the Catholic Blind Asylum, Yew Tree Lane, West Derby, Liverpool.

The School for Deaf Mutes continues to be carried on in Osborne Street, and 14 children (9 boys and 5 girls) were examined in the routine medical examination at that school. All the boys except one (a child 5 years of age) were reported to have "good" or "fair" speech, but only 3 of the girls could speak at all. All except one boy, who could hear the "very loud" voice, appeared to be entirely deaf. The nutrition is returned as "excellent" in the case of one boy and as "poor" in the case of one girl. Otherwise there appears to be nothing in their history or physical condition to distinguish them from normal children.

The School for Mentally Defective Children is still carried on in Malton Street. The number of children on the register is 96, and the average attendance 75. Since the change of arrangements for medical inspection the duty of paying periodical visits to this school has reverted to the School Medical Officer, which has the great advantage that he is kept continually in touch with the children, whom formerly he only examined before admission. Twenty-four children were admitted during the year, 1 was discharged as incapable of further education and 2 on account of illness. Seven left the school for other causes and 7 also improved so much that it was possible to discharge them.

The School Medical Officer examined during the year 71 children under the Mental Deficiency Act, 1913, these being practically all the children over 7 years of age known to exist in the city who had not previously been examined by him. Of these children, 1 was considered to be only backward and was sent back to an ordinary school, and 28 were certified as mentally defective for admission to the Special School. Of these, 4 have not yet commenced attendance as they were examined in December. Thirty were considered to be imbecile and 4 idiotic. The consideration of the case of 2 girls was deferred for a year. Two boys were so deaf, as well as defective, as to be incapable of profiting by instruction. Mention has been made above of 2 girls who were blind as well as defective. One other girl was too ill to be admitted, and 1, while apparently not imbecile, suffered from mental defect of so severe a degree that it was considered she was not capable of profiting by instruction. These 39 children will be reported to the Central Control Authority under the Act of 1913, as also the 1 who was discharged from the Malton Street School as incapable of profiting from further instruction.

As above stated, the Committee on March 18th, 1914, directed the Director of Education, the City Architect and the School Medical Officer to visit various towns and examine the open-air schools there established. The City Architect and School Medical Officer, in the regrettable absence, through illness, of the Director of Education, visited Bradford, Birmingham, Kettering and Sheffield, examined the schools as to construction and management and presented a report on their visit and plans for the construction of an open-air school on the site on Hessle Road already acquired by the Committee. This report and its recommendations were passed by the Committee and are now under the consideration of the Board of Education.

Other duties.

During the year the School Medical Officer examined 9 teachers on appointment and 13 on account of illness. He also examined 38 candidates for bursaries. The Lady Assistant Medical Officers examined 38 female candidates for bursaries or teachers on appointment or on account of illness. The School Medical Officer examined 3 boys who were sent to Industrial Schools outside the city.

Dr. Maclean, until her resignation, continued to have the medical supervision of the Park Avenue Girls' Industrial School, but after that date the Lady Assistant

School Medical Officer was relieved of this duty, which was given to Dr. E. M. Townend, one of the former part-time School Medical Officers.

TABLE I.

Number of Children inspected from January 1st, 1914, to December 31st, 1914.

A—Code Groups.

	Entrants.			Leavers.					
Ages.	5 Years.	6 Years.	Total.	12 Years.	13 Years.	14 Years.	Other Ages.	Total.	Grand Total.
Boys	2752	153	2905	2303	1695	576	3	4577	7482
Girls	2591	147	2738	2237	1864	640	2	4743	7481
Totals ..	5343	300	5643	4540	3559	1216	5	9320	14963

B—Groups other than Code.

	Intermediate Group.	Special Cases.	Re-examination.
Boys	1217	427	1441
Girls	1272		
Totals ..	2489	427	1441

TABLE II.

Notices to Parents.

	Boys.					Girls.					
	Ad-missions.	8–9.	12.	13 and over.	Total.	Ad-missions.	8–9.	12.	13 and over.	Total.	Total.
Decayed Teeth and Oral Sepsis	64	58	28	4	154	31	25	30	23	109	263
Diseases of Nose and Throat	1	0	1	0	2	12	5	21	8	46	48
Enlarged Tonsils	73	15	33	2	123	120	39	137	60	356	479
Adenoids	72	17	15	2	106	157	28	72	36	293	399
Enlarged Glands	5	4	7	0	16	37	8	25	8	78	94
Eye Diseases and Refractive Defects ..	18	32	83	21	154	7	34	53	28	122	276
Ear Diseases	12	13	15	4	44	12	5	27	8	52	96
Diseases of Circulatory System	28	4	13	23	68	29	29	60	13	131	199
Diseases of Respiratory System—											
Non-Tubercular	38	5	10	5	58	27	10	12	11	60	118

Tubercle of—											
Lungs—Actual and Suspected	20	1	5	4	30	17	8	20	8	53	83
Glands	0	0	0	0	0	9	1	3	3	16	16
Other Organs	0	0	0	0	0	1	0	2	2	5	5
Diseases of Nervous System	0	0	1	0	1	0	0	7	0	7	8
Rickets	0	0	0	0	0	7	1	1	1	10	10
Deformities—											
Spinal Curvature	2	0	2	1	5	2	1	28	16	47	52
Other Deformities	11	2	9	3	25	4	0	1	1	6	31
Skin Diseases	15	3	4	5	27	18	7	16	6	47	74
Hernia	17	6	15	4	42	5	3	2	0	10	52
Other Diseases	8	4	5	1	18	45	16	65	28	154	172
Totals					873					1602	2475

TABLE III.

Age	Average Height.								Average Weight.					
	Boys.				Girls.				Boys.			Girls.		
Years	Number Examined.	Feet.	Inches.	Centimetres.	Number Examined.	Feet.	Inches.	Centimetres.	Stones.	Lbs.	Kilogrammes.	Stones.	Lbs.	Kilogrammes.
5	2752	3	4½	102·8	2591	3	5½	105·3	2	10	17·12	2	3¼	14·29
6	153	3	5¾	105·6	147	3	7	108·9	3	0	19·05	2	12½	18·39
8	1217	3	11¼	121·0	1272	3	8	111·5	3	8¾	23·03	3	8	22·68
12	2303	4	4½	133·0	2237	4	6½	138·4	4	10½	30·16	4	11¾	30·73
13	1695	4	7	139·4	1864	4	5¾	136·5	5	0½	31·98	5	1	32·21
14	576	4	7¾	141·3	640	4	8¾	143·6	5	6¼	34·61	5	6½	34·71
15	3	4	10	147·2	2	4	10	147·2	6	0½	38·33	5	13½	37·88

TABLE IV.

RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

					Leavers.								Intermediate Group.							
	Entrants				12 years.				13 years and over.				8–9 years.				Totals.			
	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.
Total Inspected	2905	2738	5643	0	2303	2237	4540	0	2274	2506	4780	0	1217	1272	2489	0	8699	8753	17452	0
Clothing—																				
Satisfactory	2517	2358	4875	86·39	1588	1588	3176	69·96	1918	2114	4032	84·35	987	1003	1990	79·95	7010	7063	14073	80·64
Unsatisfactory	388	380	768	13·61	715	649	1364	30·04	356	392	748	15·64	230	269	499	20·05	1689	1690	3379	19·36
Footgear—																				
Satisfactory	2499	2348	4847	85·89	1563	1584	3147	69·32	1875	2107	3982	83·30	1070	997	2067	83·05	7007	7036	14043	80·47
Unsatisfactory	406	390	796	14·11	740	653	1393	30·68	399	399	798	16·69	147	275	422	16·95	1692	1717	3409	19·53
Cleanliness of Head—																				
Clean	2790	2223	5013	88·83	2146	1318	3464	76·30	2220	2060	4280	89·53	1181	903	2084	83·73	8337	6504	14841	85·03
Pediculosis	84	499	583	10·33	71	904	975	21·47	22	433	455	9·51	19	360	379	15·22	196	2196	2392	13·71
Cleanliness of Body—																				
Clean	2680	2382	5062	89·70	1996	1816	3812	83·96	2145	2285	4430	92·67	1126	1088	2214	88·95	7947	7571	15518	88·92
Dirty	221	350	571	10·12	305	411	716	15·77	122	215	337	7·05	90	178	268	10·76	738	1154	1892	10·84
Pediculosis	4	6	10	·18	2	10	12	·26	7	6	13	·27	1	6	7	·28	14	28	42	·24
Nutrition—																				
Excellent	282	176	458	8·12	466	195	661	14·56	258	119	377	7·88	134	108	242	9·72	1140	598	1738	9·95
Normal	2199	2153	4352	77·12	1530	1310	2840	60·18	1873	2122	3995	83·59	911	826	1737	69·80	6405	6411	12816	73·45
Below Normal	423	384	807	14·30	415	704	1119	24·64	142	262	404	8·45	170	324	494	19·83	1150	1674	2824	16·18
Bad	1	25	26	·46	0	28	28	·62	1	3	4	·08	2	14	16	·64	4	70	74	·42
Nose and Throat—																				
No Defect	1811	1570	3381	59·91	1604	937	2541	55·97	1992	1921	3913	81·86	891	780	1671	67·13	6423	5479	11902	68·20
Mouth Breathers	116	164	280	4·96	24	220	244	5·37	12	71	83	1·73	12	82	94	3·77	164	537	701	4·01
Tonsils Enlarged	688	613	1301	23·06	523	722	1245	27·42	217	366	583	12·19	231	264	495	19·88	1659	1965	3624	20·76
Adenoids	269	315	584	10·35	82	247	329	7·25	28	99	127	2·65	74	111	185	7·43	453	772	1225	7·01
External Eye Disease—																				
No Disease	2875	2712	5589	99·02	2285	2191	4476	98·60	2268	2486	4754	99·48	1208	1250	2458	98·76	8636	8639	17275	99·00
Conjunctivitis	7	6	13	·23	5	16	21	·46	3	5	8	·16	1	10	11	·44	16	37	53	·30
Blepharitis	17	16	33	·58	1	26	27	·59	0	9	9	·18	4	10	14	·56	22	61	83	·47
Corneal Opacities	2	1	3	·05	2	0	2	·04	1	1	2	·04	1	1	2	·08	6	3	9	·05
Other Diseases	4	3	7	·12	10	4	14	·31	2	5	7	·14	3	1	4	·16	19	13	32	·18
Ear Disease—																				
No Disease	2877	2720	5597	99·18	2279	2182	4461	98·26	2269	2491	4760	99·58	1205	1259	2464	99·00	8630	8652	17282	99·04
Obstruction	3	1	4	·07	9	4	13	·29	1	1	2	·04	4	1	5	·20	17	7	24	·13
Otorrhœa	25	15	40	·71	9	40	49	1·08	3	9	12	·25	4	6	10	·40	41	70	111	·63
Other Diseases	0	2	2	·04	6	11	17	·37	1	5	6	·12	4	6	10	·40	11	24	35	·20
Teeth—																				
3–5, Decayed	932	408	1340	23·75	1002	379	1381	30·42	305	117	422	8·83	506	599	1105	44·40	2745	1503	4248	24·34
6 or more, Decayed	427	110	537	9·51	161	55	216	4·75	30	20	50	1·05	165	104	269	10·80	356	279	635	3·64
Sepsis	13	14	27	·47	1	15	16	·35	1	4	5	·10	3	17	20	·80	5	36	41	·23
Heart and Circulation—																				
No Disease	2712	2616	5328	94·44	2217	1766	3983	87·73	2238	2328	4566	95·53	1192	1098	2290	92·00	8359	7808	16167	92·63
Organic Disease	24	42	66	1·16	33	97	130	2·86	12	31	43	·90	6	28	34	1·37	75	198	273	1·56
Functional Disease	33	30	63	1·11	14	92	106	2·33	6	42	48	1·00	8	34	42	1·69	61	198	259	1·48
Anæmia	136	50	186	3·29	39	282	321	7·07	18	105	123	2·57	11	112	123	4·94	204	549	753	4·31
Lungs—																				
No Disease	2726	2484	5210	92·34	2256	2074	4330	95·38	2250	2432	4682	97·96	1199	1176	2375	95·42	8431	8166	16597	95·11
Chronic Bronchitis and Bronchial Catarrh	108	168	276	4·89	31	74	105	2·31	15	32	47	·98	12	48	60	2·40	166	322	488	2·79
Tuberculosis	1	0	1	·01	0	10	10	·22	2	3	5	·10	0	0	0	0	3	13	16	·09
Tuberculosis Suspected	46	76	122	2·16	12	73	85	1·87	7	35	42	·88	5	45	50	2·01	70	229	299	1·71
Other Diseases	24	10	34	·60	4	6	10	·22	0	4	4	·08	1	3	4	·16	29	23	52	·30
Nervous System—																				
No Disease	2889	2734	5623	99·66	2298	2216	4514	99·44	2268	2495	4763	99·65	1210	1263	2473	99·36	8665	8708	17373	99·55
Epilepsy—Major or Minor	6	0	6	·10	0	4	4	·08	0	5	5	·10	0	1	1	·04	6	10	16	·09
Chorea	1	2	3	·05	3	8	11	·24	0	2	2	·04	4	2	6	·24	8	14	22	·13
Other Diseases	9	2	11	·19	2	9	11	·24	6	4	10	·21	3	6	9	·36	20	21	41	·23
Skin—																				
No Disease	2823	2680	5503	97·54	2226	2149	4375	96·38	2248	2461	4709	98·52	1198	1238	2436	97·87	8495	8528	17023	97·53
Ringworm—																				
Body Head	24	12	36	·63	5	2	7	·15	3	0	3	·06	3	6	9	·36	35	20	55	·32
Impetigo	0	2	2	·03	0	0	0	0	0	0	0	0	1	0	1	·04	1	2	3	·02
Scabies	3	4	7	·12	2	9	11	·24	3	0	3	·06	0	0	0	0	8	13	21	·12
Other Diseases	55	40	95	1·68	70	77	147	3·23	20	45	65	1·36	15	28	43	1·73	160	190	350	2·01
Rickets—																				
No Disease	2799	2508	5307	94·05	2196	2072	4268	94·01	2240	2458	4698	98·28	1183	1160	2343	94·13	8418	8198	16616	95·21
Present	106	230	336	5·95	107	165	272	5·99	34	48	82	1·72	34	112	146	5·87	281	555	836	4·79
Deformities—																				
No Deformity	2652	2695	5347	94·74	2116	2112	4228	93·13	2217	2453	4670	97·70	1167	1236	2403	96·54	8152	8496	16648	95·39
Deformity Present	253	43	296	5·26	187	125	312	6·87	57	53	110	2·30	50	36	86	3·46	547	257	804	4·61
Tuberculosis, Non-Pulmonary—																				
No Disease	2900	2717	5617	99·55	2292	2211	4503	99·20	2265	2488	4753	99·44	1214	1256	2470	99·24	8671	8672	17343	99·37
Glandular	0	17	17	·30	5	14	19	·41	3	6	9	·19	2	14	16	·64	10	51	61	·35
Bones and Joints	3	2	5	·08	4	8	12	·26	5	9	14	·29	1	1	2	.08	13	20	33	·19
Other Forms	2	2	4	·07	2	4	6	·13	1	3	4	·08	0	1	1	·04	5	10	15	·09
Speech—																				
Not Defective	2852	2708	5560	98·54	2262	2135	4397	96·86	2264	2450	4714	98·62	1202	1256	2458	98·76	8580	8549	17129	98·15
Defective Articulation	43	28	71	1·25	15	86	101	2·22	5	43	48	1·00	11	13	24	·96	74	170	244	1·40
Stammering	10	2	12	·21	26	16	42	·92	5	13	18	·38	4	3	7	·28	45	34	79	·45
Mental—																				
Condition Normal	2879	2703	5582	98·92	2277	2162	4439	97·78	2264	2465	4729	98·93	1199	1243	2442	98·12	8619	8573	17192	98·51
Dull or Backward	8	23	31	·55	8	61	69	1·52	0	33	33	·69	9	14	23	·92	25	131	156	·89
Mentally Defective	18	12	30	·53	18	14	32	·70	10	8	18	·38	9	15	24	·96	55	49	104	·60
Vision—																				
R. 6–6	0	0	0	0	1099	820	1919	42·27	1860	1911	3771	78·89	546	600	1146	46·04	3505	3331	6836	57.89
6–9	36	21	57	0	834	1099	1933	42·58	303	469	772	16·15	421	536	957	38·45	1558	2104	3662	31·01
Less than 6–9	5	6	11	0	370	318	688	15·15	111	126	237	4·96	250	136	386	15·51	731	580	1311	11·10
L. 6–6	0	0	0	0	999	823	1822	40·14	1837	1921	3758	78·62	656	593	1239	49·78	3482	3337	6819	57·84
6–9	39	20	59	0	867	1073	1940	42·73	312	438	750	15·69	439	540	979	39·33	1618	2051	3669	31·06
Less than 6–9	5	8	13	0	437	341	778	17·13	125	147	272	5·69	132	139	271	10·89	694	627	1321	11·10
Squint	31	33	64	0	31	24	55	1·21	18	13	31	·65	16	17	33	1·32	65	55	120	1·01
Hearing—																				
Good	0	0	0	0	2293	2215	4508	99·30	2270	2500	4770	99·79	1212	1272	2484	99·60	5775	5983	11758	99·57
Deaf	28	17	45	0	10	22	32	·70	4	6	10	·21	5	4	9	·36	19	32	51	·43
Very Deaf	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	·04	0	1	1	0

TABLE V.

RETURN OF EXCEPTIONAL CHILDREN.

	Boys.	Girls.	Total
Blind—			
Attending Public Elementary Schools	—	—	—
Attending Certified Schools for the Blind	4	3	7
Not at School	17	20	37
Deaf—			
Attending Public Elementary Schools	—	—	—
Attending Certified Schools for the Deaf	18	17	35
Not at School	—	1	1
Mentally Deficient—			
Attending Public Elementary Schools	43	58	101
Attending Certified Schools for the Mentally Defective	64	32	96
Not at School	15	11	26
Imbeciles—			
At School	—	—	—
Not at School	25	32	57
Idiots	11	5	16
Epileptics—			
Attending Public Elementary Schools	37	29	66
Attending Certified Schools for Epileptics	1	—	1
Not at School	11	15	26
Physically Defective—			
Pulmonary Tuberculosis—			
Attending Public Elementary Schools	9	13	22
Attending Certified Schools for Physically Defective Children	—	—	—
Not at School	24	41	65
Other Forms of Tuberculosis—			
Attending Public Elementary Schools	86	158	244
Attending Certified Schools for Physically Defective Children	—	—	—
Not at School	17	19	36
Cripples other than Tubercular—			
Attending Public Elementary Schools	179	129	308
Attending Certified Schools for Physically Defective Children	—	—	—
Not at School	26	20	46
Dull or Backward—			
Retarded 2 years	461	584	1045
Do. 3 do.	157	166	323